

*State of New Jersey
Department of Labor*



EMPLOYER HANDBOOK



*New Jersey's Unemployment &
Disability Insurance Programs*

January 2002

JAMES E. MCGREEVEY
Governor

ALBERT G. KROLL
Commissioner



Working Together To Keep New Jersey Working

If you have questions on:

Subjectivity to the Unemployment Compensation Law, transfer of unemployment rates either in whole or in part, changes in ownership of your business, or type of business organization.

Types of payments that are considered wages, what is a subcontractor, are payments reported on federal forms 1099 exempt for unemployment, does a 401(k) pension or section 125 cafeteria plan affect taxable wages.

Federal certification for FUTA taxes (940)

Notice and Demand for Payment of Liability Due, Certificate of Debt, Statement of Outstanding Liability, payoff, any monetary delinquencies.

Preparation and filing of quarterly tax reports (UI/DI portion of NJ-927)

Monthly Count of Workers Reported on the Quarterly Tax Report (NJ-927)

Preparation and filing of quarterly wage reports (WR-30), workers not having Social Security numbers, wage reporting penalties, and adjustments to quarterly wage reports.

Reporting via Magnetic Media (Q-Reps, Tape Cartridge or Diskette)

Experience Rating and Voluntary Contributions

Employer and Worker Refunds

Fraudulent receipt of unemployment benefits (suspicion of former employee collecting benefits and working).

Completion of Employer Weekly Wage Report (BPC-98)

Write or call: Department of Labor

Division of Employer Accounts
Employer Status
PO Box 913
Trenton, New Jersey 08625-0913
(609) 292-2638 FAX: (609) 777-4926

Division of Employer Accounts
Chief Auditor (contact any of the Regional
PO Box 942 offices listed on page 178)
Trenton, New Jersey 08625-0942
(609) 292-2321 FAX: (609) 292-9563

Division of Employer Accounts
Office Audits
PO Box 910
Trenton, New Jersey 08625-0910
(609) 292-0083 FAX: (609) 292-8855

Division of Employer Accounts
Collector of Delinquent Accounts
PO Box 911
Trenton, New Jersey 08625-0911
(609) 292-2292 FAX: (609) 633-8150

Division of Employer Accounts
Office Audits
PO Box 910
Trenton, New Jersey 08625-0910
(609) 292-0083 FAX: (609) 292-8855

Division of Labor Market & Demographic Research
Covered Employment Statistics Unit
PO Box 934
Trenton, New Jersey 08625-0934
(609) 984-5586 or 984-5589

Division of Employer Accounts
Hot Line
PO Box 912
Trenton, New Jersey 08625-0912
(609) 633-6400 FAX: (609) 292-7888

Division of Revenue (Department of Treasury)
Magnetic Media Reporting
PO Box 256
Trenton, New Jersey 08621-0256
(609) 984-7988 FAX: (609) 633-6706

Division of Employer Accounts
Experience Rating
PO Box 913
Trenton, New Jersey 08625-0913
(609) 292-2354 FAX: (609) 633-7813

Division of Employer Accounts
Office Audits
PO Box 910
Trenton, New Jersey 08625-0910
(609) 292-0083 FAX: (609) 292-8855

Division of Unemployment Insurance
Investigations Section
PO Box 043
Trenton, New Jersey 08625-0043
(609) 777-4304

Division of Unemployment Insurance
Investigations Section
PO Box 043
Trenton, New Jersey 08625-0043
(609) 777-1735

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FOREWORD

In an era of profound economic transformation, employment disruption and unemployment can have a stifling effect on our economic growth. Unemployment results in economic insecurity, lessens purchasing power in the community, and robs the employer of productive assets and financial resources.

The State of New Jersey recognized the seriousness of unemployment in its “Declaration of State Public Policy.” To protect workers against this hazard, the unemployment insurance program (UI) was established. Under this program, employers are encouraged to provide stable employment, and through the systematic accumulation of funds during periods of employment, provide for periods of unemployment.

Since the program’s inception in 1935, billions of UI tax dollars have been collected. Greater than 90% of all workers are now covered under the law. For over fifty years, the unemployment insurance program has helped millions of men and women weather individual financial difficulties that arise when employment is lost.

To the employer’s advantage, in addition to the stabilizing effect the UI program has on the economy, it also provides a mechanism which enables employers to retain experienced and valued employees during temporary layoffs. With a shortage of skilled workers, this is critical to the livelihood of many companies.

To be eligible for unemployment benefits, in addition to being involuntarily separated, an individual must be able to work and available for work. To protect workers who suffer loss of wages due to illness or accident, the Temporary Disability Insurance Program was established.

For workers and employers to continue to benefit from these programs, both must share in their responsibilities and costs.

This handbook provides a detailed explanation of the responsibilities and rights of employers subject to the New Jersey Unemployment Compensation and Temporary Disability Benefits laws.

Any questions or problems which may arise with respect to the information contained herein should be directed to the appropriate office of the New Jersey Department of Labor. A referral list of selected problem situations and the appropriate phone numbers are included beginning on the inside front cover. A list of such offices is also provided in the Appendix.

The information contained in this publication does not have the force or effect of law, rule or regulation.

Handbook Guide

The handbook is divided into two chapters which deal with the most significant aspects of the laws governing the New Jersey unemployment compensation and temporary disability insurance programs: employer record-keeping, wage reporting and tax payment; and the benefit process as it applies to both claimant and employer. The appendix, which indexes and provides samples of all relevant forms mentioned in the body of the text, also includes a directory of pertinent New Jersey Department of Labor offices.

This guide offers you an overview of the material covered in each chapter and section. It should enable you to focus upon the areas that most concern you, your tax preparers and/or consultants.

Chapter I, Employer Taxes and Wage Reporting

Section 1 explains the record-keeping obligations of all New Jersey employers, whether or not they are subject to the Unemployment Compensation Law.

Section 2 details the information which subject employers must provide on Form WR-30, “Employer Report of Wages Paid.” The increased penalties for failure to complete and return such reports in an accurate and timely manner are also set forth in this section.

Section 3 describes the criteria used in determining tax liability, lists exclusions from coverage, and provides information as to when liability may be terminated.

Section 4 defines wages which are taxable for unemployment and temporary disability insurance purposes. This section also details new tax rates for both employers and workers, and explains reports, deadlines, penalties and tax credits.

Section 5 explains the computation of the employer’s basic and subsequent experience rates for unemployment insurance coverage. In addition, the temporary disability insurance tax rate, which differs from unemployment insurance rate formulas, is described.

Section 6 details the unemployment insurance “reimbursement option” available to non-profit organizations.

Section 7 explains how to prepare for an audit and what to expect during and after an audit.

Section 8 concludes Chapter I by explaining the additional assessments for which employers subject to the Temporary Disability Benefits Law are liable.

Chapter II, Unemployment and Disability Insurance Benefits

Section 1 specifies instances in which the employer must contact the local unemployment insurance unit in a Workforce NJ One-Stop Career Center.

Section 2 explains the unemployment benefit claim system, from the claimant’s initial application through the determination of eligibility. This section also deals with unemployment fraud and the roles of both the employer and the Department of Labor in combating it.

Section 3 explains the Extended Benefits program and the requirement for benefit eligibility.

Section 4 clarifies the appeal process, which is designed to protect the rights of an employer or claimant who disagrees with decisions or determinations made by the Division.

Section 5 describes the services and programs provided by the Workforce NJ One-Stop Career Centers to assist employers in staff recruitment.

Section 6 describes the employment and training services provided by the Workforce Investment Act (WIA) to prepare unemployed workers for today's jobs.

Section 7 describes services offered by the Division of Business Services

Section 8 deals with the temporary disability insurance program which, although similar, differs in concept and implementation from the unemployment insurance system.

Section 9 addresses the role of private plans for disability insurance coverage, explaining the rights and responsibilities of employers who elect to offer private coverage to their employees.

The Appendix contains an index and facsimiles of forms mentioned in this handbook.

We hope this publication will assist you, as an employer, in understanding and complying with New Jersey’s unemployment and temporary disability statutes and regulations. Should you have the need, further assistance is available from any of the offices listed in the Directory.

QUESTIONS AND ANSWERS

Q. AS AN EMPLOYER, WHAT ARE MY RESPONSIBILITIES TO THE DEPARTMENT?

A. Each calendar quarter, all employers, other than domestic employers, subject to the provisions of the Unemployment Compensation Law are required to file the "Employer's Quarterly Report" (Form NJ-927) and "Employer Report of Wages Paid" (Form WR-30). Both the Form NJ-927 and WR-30 must be submitted for the quarters ending March 31, June 30, September 30 and December 31 of each year. Reports and tax contributions due must be filed by no later than the 30th day of the month immediately following the quarter. The due dates for reports and tax contributions are April 30, July 30, October 30 and January 30. Domestic employers who only employ household workers will file Forms WR-30 and NJ-927 on an annual basis. Please refer to the exceptions on pages 12 and 18 for further details.

Q. WHO IS AN EMPLOYER FOR PURPOSES OF NEW JERSEY UNEMPLOYMENT AND DISABILITY BENEFITS?

A. An employer is an individual, partnership, corporation or other entity for whom an individual performs personal services for remuneration. Please refer to Chapter I, Section 3 for more detailed information.

Q. HOW DO I RECEIVE THE QUARTERLY REPORTS THAT I MUST FILE?

A. Each employer is required to file Form NJ-927 and Form WR-30. Both reports are mailed to each employer automatically, usually by the third business day following the end of the quarter. Should you not receive these reports by the tenth day following the end of the quarter, contact the Division of Revenue Hotline at (609) 292-6400 to secure the forms. It is the employer's responsibility to file the reports timely.

Q. HOW ARE THE REPORTS FILED?

A. The "Employer's Quarterly Report" (Form NJ-927) is preprinted, reflecting employer information, taxable wage base amounts and rates at which contributions should be paid. The employer must fill in wage information and multiply by the preprinted rates to determine the amount of contributions due.

The "Employer Report of Wages Paid" (Form WR-30) can be filed using the preprinted form mailed to each employer or through the use of magnetic media. Chapter I, Section 2 contains information regarding magnetic reporting.

Q. I AM AN EXPERIENCE-RATED EMPLOYER; HOW MUCH WILL I PAY IN UI, WF/SWF, HC TAXES?

A. You will pay from 0.3% to 5.4% on the first \$23,500 earned by each employee in 2002. For additional information, see Chapter I.

Q. WHAT SPECIFIC INFORMATION IS REQUIRED FROM EMPLOYERS ON THE WAGE REPORT?

A. The statute specifies that for each employee the following data must be reported:

- (1) The employee's Social Security Number,
- (2) The employee's name,
- (3) The employee's gross wages paid during the quarter, and
- (4) The number of base weeks earned by the employee during the quarter.

Q. WHAT IS MEANT BY THE TERM "GROSS WAGES" AS IT APPLIES TO THE NJ-927 AND WR-30?

A. Gross wages means every form of remuneration which is paid to employees either directly or indirectly, including salaries (sick leave pay, vacation pay, holiday pay, back pay awards), commissions and bonuses and the cash value of all compensation in any medium other than cash as actually paid or otherwise distributed to the employee during the reported quarter. Payments in kind for personal services such as meals, board, lodging received by

a worker from his employing unit in addition to or in lieu of (rather than as a deduction from) money wages are deemed to be remuneration.

Q. WHAT IS THE DEFINITION OF THE TERM “BASE WEEK”?

- A. A base week is any calendar week (Sunday through Saturday) in the quarter during which the employee has earned a specific dollar amount or more in remuneration. The base week amount is equal to 20 times the state hourly minimum wage (\$103 in 2002). The base week amount is preprinted on the WR-30 when issued.

The base week is determined on the basis of earnings regardless of the actual payment date. Payments made to employees for vacation, sick or other paid leave are to be reported as wages paid during the quarter. Therefore, all base weeks are credited when the leave is actually taken which may or may not occur within the same quarter as the payment.

Q. HOW DO COMMISSIONS OR BONUSES AFFECT THE CALCULATION OF BASE WEEKS?

- A. Commissions and/or bonuses are reported as part of wages for the quarter when they are actually paid. These earnings may be used in the “base week” calculations if (1) the payment can be directly attributable to earnings of a specific calendar week, or weeks, and (2) such additional earnings would increase the existing earnings for the calendar week above the minimum amount required for a “base week.”

Q. DO I HAVE TO FILE THESE REPORTS IF I HAD NO EMPLOYEES IN A QUARTER?

- A. Yes. If you are subject to the New Jersey Unemployment Compensation Law both the NJ-927 and WR-30 must be filed indicating no wages paid.

Q. WHAT PROCEDURE MUST AN EMPLOYER USE TO AMEND WAGE DATA THAT WAS PREVIOUSLY SUBMITTED INCORRECTLY?

- A. An employer must use an “Amended Employer Report of Wages Paid” (WR-30A) to correct information previously submitted on a WR-30. This form must be requested by an employer by contacting the Division of Employer Accounts at (609) 292-2824. The completed WR-30A must be signed, dated and forwarded to the Department of Labor, Division of Employer Accounts, PO Box 910, Trenton, NJ 08625-0910.

Additionally, an employer may receive a request from Employer Accounts to correct previously submitted data that was found to be incorrect or incomplete. The employer should supply the information and mail it back as soon as possible to the address listed above.

Amended reports are subject to penalties for non-reporting, late reporting, or incorrect reporting.

Q. WHAT ARE THE PENALTIES FOR LATE FILING OF THE NJ-927 AND LATE OR INCORRECT FILING OF THE WR-30?

- A. NJ-927 Penalty and Interest - New Jersey Department of Labor**

If you file the contribution report late, you will be charged \$5.00 a day for each day of delinquency up to and including the fifth day, after which the charge is a penalty of \$5.00 a day or 20 percent of the amount of contributions due for the period covered by the report, whichever is the lesser. If you file a contribution report late on which no contributions are due, the maximum penalty is \$25.00.

If you fail to pay the contribution when due, the law provides that the amount of the taxes due shall carry interest at the rate of 1.25% for each month from the due date until the date payment is received.

WR-30 Penalty

Employers who fail, without reasonable cause, to comply with reporting requirements will be liable for penalties based upon the number of employees (a) who were not reported, (b) who were not reported completely and accurately, and/or (c) who were reported late. Such penalties will be assessed as follows:

- (1) For the first failure for one quarter in any eight consecutive quarters, \$5.00 for each employee;
- (2) For the second failure for any quarter in any eight consecutive quarters, \$10.00 for each employee;
- (3) For the third and any subsequent failure for one quarter in any eight consecutive quarters, \$25.00 for each employee.

Notification

Q. MUST I ADVISE EMPLOYEES OF THEIR RIGHT TO FILE UI BENEFITS?

A. Yes, all employers must issue Form BC-10, "Instructions For Claiming Unemployment Benefits," to all employees separated for 7 days or more. The BC-10 provides the Division of Unemployment Insurance with the correct name, address, and New Jersey Employer Identification Number of the separating employer. This information facilitates claims processing. Contact the Bureau of Program Services and Standards at (609) 292-2347 for supplies of this form.

Q. MUST I PROVIDE PRENOTIFICATION OF PLANT CLOSINGS OR OTHER "MASS LAYOFF" TO THE DIVISION OF UNEMPLOYMENT INSURANCE?

A. Yes, if you have advance knowledge of an expected layoff of 25 or more employees, for an expected duration of seven days or more, you must notify the nearest unemployment insurance unit in a Workforce NJ One-Stop Career Center. Such notice should be given at least 48 hours prior to the layoff.

Q. MUST I NOTIFY THE DIVISION IN THE EVENT OF A LABOR DISPUTE?

A. Yes, you must notify the nearest unemployment insurance unit in a Workforce NJ One-Stop Career Center immediately after the start of the work stoppage.

Q. SHOULD I NOTIFY THE LOCAL UNEMPLOYMENT INSURANCE UNIT WHEN A SEPARATED EMPLOYEE FAILS TO RESPOND TO A RECALL?

A. Yes, claimants refusing or failing to respond to recall may be disqualified from receipt of benefits.

Q. SHOULD I NOTIFY THE DIVISION IN THE EVENT OF A VACATION OR INVENTORY PLANT SHUTDOWN?

A. Yes, if you anticipate a temporary separation of 25 or more workers, the Division has instituted a program to help employers reduce the cost of processing temporary mass layoff claims. See Chapter II, Section 1 for additional information.

Benefits

Q. WHAT IS MEANT BY BASE YEAR PERIOD?

A. The regular base year period of any claim consists of the first four of the last five completed calendar quarters preceding the date of the claim. When a claimant files an unemployment claim, the weeks and wages in the base year period are counted to determine eligibility.

There are two alternative base year periods which can be used to determine monetary eligibility on claims originally determined invalid under the regular base year period. Alternative Base Year #1 consists of the four most recently completed calendar quarters preceding the date of a claim, and Alternative Base Year #2 consists of the three most recently completed calendar quarters preceding the date of the claim and weeks in the filing quarter up to the date of the claim.

Q. WHAT ARE THE MINIMUM REQUIREMENTS FOR ESTABLISHING A VALID UNEMPLOYMENT CLAIM?

A. In order to have a valid claim, a claimant must have had at least 20 base weeks of earnings in covered employment during the base year period or, in the alternative, have earned during that time a specific dollar amount or more in remuneration. The base week amount is 20 times the state hourly minimum wage (\$103 in 2002) and the alternate earnings test is 1,000 times the state hourly minimum wage (\$5,200 in 2002).

Q. WHAT DO THE TERMS "REMUNERATION IN LIEU OF NOTICE," "SEVERANCE PAY," AND "CONTINUATION PAY" MEAN AS THEY PERTAIN TO UNEMPLOYMENT ENTITLEMENT?

A. "Remuneration in Lieu of Notice" is a payment obligated by legal requirement, contract or custom to take the place of advance notice of separation. It is considered an extension of employment and should be reported as regular base weeks and wages. An individual is disqualified for unemployment benefits for any week in which he/she is receiving remuneration in lieu of notice.

NOTE: An individual who receives remuneration in lieu of notice for a period of less than a calendar week may be eligible for partial unemployment benefits for such week.

"Severance Pay" is a lump sum or periodic payment at the time of separation which is not in the place of notice but which is obligated by contractual obligation or custom based on past services performed for the employer. The money should not be reported as wages and no base weeks should be reported because severance pay does not lengthen the period of employment. "Severance pay" is not included in monetary calculations and the receipt of such payment is not a bar to unemployment benefits.

"Continuation Pay" is pay that is paid to an employee in periodic installments after the date of separation when no services are required by the employer. Such payment is a bar to unemployment benefits as the person is still considered employed. Continuation pay may be used in the calculation of the monetary determination after the end of the period of continuation pay.

NOTE: "Salary continuation through date of termination" is defined as payments made by the employer which represent wage or salary payments through the date of termination during which the time the employee is not required to perform any services. These payments are made based on either a contractual or other agreement. It is considered an extension of employment through the date of termination of the contract or agreement and should be reported as regular base weeks and wages. An individual is ineligible for unemployment benefits for any week in which he/she is receiving salary continuation through date of termination.

Q. WHAT ARE THE MAXIMUM BENEFITS PAYABLE ON AN UNEMPLOYMENT CLAIM?

A. A claimant may potentially receive 60 percent of his/her average weekly wage not to exceed the maximum weekly amount. In 2002 the maximum weekly benefit amount is \$475.00. The maximum weekly amount is recalculated annually and is equal to 56 2/3 percent of the statewide average weekly wage. A claimant can collect a maximum of 26 weeks of benefits on a regular unemployment claim.

Q. HOW IS EMPLOYER LIABILITY FOR UNEMPLOYMENT BENEFITS CALCULATED?

A. Each base year employer is charged a percentage of each benefit payment in proportion to the amount of wages that the employer paid the claimant during the base year and the total wages received by the claimant during that period.

Q. WHAT IS A LAG PERIOD EMPLOYER?

A. A LAG period employer is an employer who paid wages to an individual between the last day of the base year period and the filing of an unemployment claim. Since wages earned in the LAG period are not in the base year, employers with only LAG period employment are not normally charged. However, if the claim is determined

invalid under the regular base year, an Alternative Base Period may be used to determine monetary eligibility. If the LAG period employment is in the Alternative Base Year, the LAG period employer will then be charged.

Q. WHAT SHOULD BE DONE TO REPORT A POTENTIAL FRAUD SITUATION?

- A. Information relating to a wage-benefit conflict of a former worker who has been recalled to work may be reported on Form B-187Q, "Unemployment Benefits Charged to Experience Rating Account," which is mailed to "Chargeable" employers quarterly. Any other information concerning a potentially fraudulent situation may be reported to a local unemployment insurance unit or by calling (609) 777-4304.

Q. CAN A CLAIMANT WORK PART TIME AND STILL COLLECT UNEMPLOYMENT BENEFITS?

- A. Yes, a claimant may be eligible for partial unemployment benefits while working part time due to lack of work. However, the worker's weekly benefit amount will be reduced dollar-for-dollar for all earnings in excess of 20% of the worker's full weekly benefit rate.

Q. CAN A CLAIMANT CONTINUE TO RECEIVE UNEMPLOYMENT BENEFITS WHILE ATTENDING SCHOOL OR RECEIVING TRAINING?

- A. Claimants are disqualified for benefits for any week in which the individual is a student in full time (at least 12 credits) attendance at, or on vacation from, any public or other nonprofit educational institution, except in cases in which the claimant had established 20 or more base weeks of employment or met the alternative earnings test during academic term(s) in the base year.

The full time student criteria do **not** apply to any individual attending a school or training program approved by the Division to enhance the individual's employment opportunity.

Q. WHAT IS MEANT BY THE TERM VOLUNTARY QUIT "WITH GOOD CAUSE" OR "WITHOUT GOOD CAUSE"?

- A. A claimant is determined to have voluntarily quit a job for "good cause" if the reason for leaving is directly attributable to actions of the employer or conditions of employment. The burden of proof is on the claimant to prove that he/she quit for good cause.

Q. IF AN EMPLOYEE QUILTS AND IS SUBSEQUENTLY DISQUALIFIED FOR LEAVING EMPLOYMENT WITHOUT GOOD CAUSE ATTRIBUTABLE TO THE WORK, CAN THE EMPLOYER BE CHARGED FOR FUTURE BENEFITS?

- A. An individual who quits work may become eligible for future benefits after meeting a requalifying requirement. The New Jersey requirement is having at least four weeks of new employment, earning at least six times the weekly benefit rate and being separated from the new employment for a non-disqualifying reason.

According to Federal law, all states' unemployment compensation laws must contain requalifying requirements. Once the requalifying threshold is met, the disqualification must end and the individual is potentially eligible to receive benefits.

Effective January 4, 1998, an amendment to the New Jersey Unemployment Compensation Law provides for the relief of charges to a contributory employer's experience rating account when an individual's separation from employment is for reasons that are disqualifying under the law. Thus, even though an individual may overcome an imposed disqualification or a potential disqualification, and is entitled to receive unemployment benefits, the employer's account will not be charged for the benefits that occur subsequent to the disqualifying separation. See Chapter II, Section 2, "Relief of Benefit Charges for Disqualifying Separations."

Q. IF I DISCHARGE AN EMPLOYEE, WILL HE/SHE BE ELIGIBLE TO COLLECT BENEFITS?

- A. If you discharge an employee it must be determined whether the discharge was for misconduct in connection with the employment. The burden of proof is on you. New Jersey Law provides for two different types of misconduct;

regular misconduct and gross misconduct. See Chapter II, page 43.

Appeals of Benefit Determinations

Q. WHAT RECOURSE DOES AN EMPLOYER HAVE IF HE/SHE DISAGREES WITH A DETERMINATION?

A. An employer may appeal any determination that is believed to be incorrect. An appeal of a determination must be made in writing and must be received or postmarked within 7 days after delivery or 10 days after the mailing of the determination.

Q. WHO SHOULD ATTEND THE APPEAL HEARING?

A. Individuals who have firsthand knowledge of the reason for separation and the company rules should attend.

Note: More weight is given to firsthand evidence and testimony than is given to hearsay or third party testimony. See Chapter II.

Temporary Disability Insurance

Q. WHAT IS THE BASE YEAR PERIOD USED TO ESTABLISH A DISABILITY CLAIM?

A. The regular base year of a Disability During Unemployment claim consists of the first four of the last five completed quarters preceding the date of the claim. Alternative base year periods consist of the four most recently completed calendar quarters preceding the date of the claim and the three most recently completed calendar quarters preceding the date of the claim and the weeks in the filing quarter up to the date of claim. In State Plan disability, the base year consists of the 52 calendar weeks immediately preceding the week in which the claimant is disabled. When a claimant files a claim, the weeks and wages in the appropriate base year period are counted to determine the validity of the claim.

Q. WHEN DOES THE WAITING WEEK BECOME PAYABLE?

A. The waiting week becomes compensable when disability benefits have been paid for all or some part of each of the three weeks immediately following the waiting week.

Q. CAN A CLAIMANT RECEIVE DISABILITY BENEFITS WHILE INVOLVED IN A LABOR DISPUTE?

A. If the claimant's period of disability commences on or after the start of a labor dispute and the claimant is a participant, no disability benefits can be paid for the duration of the labor dispute. If the claimant is still disabled after the labor dispute is over, benefits can be paid following the end of the labor dispute.

However, if an individual becomes disabled prior to a labor dispute, benefits may be paid during the labor dispute period.

Q. DOES THE EMPLOYER HAVE TO REHIRE THE CLAIMANT ONCE THE DISABILITY IS OVER?

A. There is no provision in the Temporary Disability Benefits Law which requires an employer to rehire a claimant once the disability is over. However, the TDB Law would not supersede any employment rights provided by state or federal Civil Rights legislation.

Q. IS THERE A TIME LIMIT ON THE FILING OF A DS-1 "CLAIM FOR DISABILITY BENEFITS"?

A. The claimant has 30 days from the first day of disability in which to file a claim. It is the claimant's responsibility to obtain and file the DS-1. If the claim is received more than 30 days after the first day of disability, the individual must show good cause why the claim was not filed timely. If not, benefits may be reduced or denied.

- Q. CAN A DISABILITY INSURANCE CLAIM FORM BE FILED BEFORE THE LAST DAY OF WORK?
- A. A disability claim should not be filed until the period of disability begins. Even though there may be a scheduled date for surgery, a claim must not be submitted until the individual has actually stopped working.
- Q. CAN PART-TIME EMPLOYEES COLLECT DISABILITY BENEFITS?
- A. Yes, wages earned by individuals employed on a part-time basis can be used to establish eligibility. Of course, to qualify for benefits, the individual would have to be unable to perform the duties of the part-time employment and be under the care of a licensed physician.
- Q. WHAT CAN AN EMPLOYER DO IF HE KNOWS THAT A CLAIMANT IS WORKING WHILE RECEIVING DISABILITY BENEFITS?
- A. If an employer knows or has reason to suspect that a claimant is working and collecting disability benefits he should notify the Division of Temporary Disability Insurance as soon as possible. The employer should call our fraud hotline number (609) 984-4540. If possible, supply the name and/or address of the business suspected of employing the claimant.
- Q. ARE DISABILITY BENEFITS TAXABLE?
- A. Disability benefits are taxable under FIT (Federal Income Tax) and FICA (Social Security). The portion of the benefit payment that is taxable is that portion attributable to the employer's disability contribution rate. The employer is also liable for the employer's share of FICA. Disability benefits are not taxable under the New Jersey state income tax.
- Q. HOW DOES THE EMPLOYER KNOW HOW MUCH FICA TAX HAS BEEN DEDUCTED FROM THE CLAIMANT'S DISABILITY BENEFITS? ALSO, IF THE CLAIMANT HAS PAID HIS MAXIMUM FICA TAX, SHOULD THE EMPLOYER ADVISE THE DISABILITY OFFICE?
- A. The employer is notified of the FICA deduction on the DS-7C charge notice which is mailed each time a check is sent to the claimant. If the employer is aware that the claimant has paid his maximum yearly FICA tax, the Division of Temporary Disability Insurance should be notified and FICA deductions will cease.
- Q. ARE ALCOHOLISM AND ALCOHOLISM-RELATED DISABILITIES PAYABLE UNDER THE NEW JERSEY TEMPORARY DISABILITY INSURANCE PROGRAM?
- A. Yes, a claimant disabled due to alcoholism or an alcoholism-related condition can be paid disability benefits as long as he/she is under the care of a licensed physician and meets all other eligibility requirements.
- Q. CAN AN EMPLOYEE WHO HAS A DRUG PROBLEM COLLECT DISABILITY BENEFITS?
- A. Yes, as long as they are no longer using illegal drugs and they are being treated for their substance abuse. As soon as they undergo treatment for substance abuse in a program with a licensed physician, they are immediately eligible for disability if certified by their doctor and meet all other eligibility requirements.
- Q. WHY IS THE LAST EMPLOYER THE ONLY CHARGEABLE EMPLOYER ON A DISABILITY CLAIM?
- A. The type of coverage of the individual's most recent employer triggers whether the individual would receive benefits under the state or private plan. If that employer is covered by a private plan, the plan assumes full responsibility for paying benefits. Conversely, if the last employer was covered under the State Plan, State Plan Operations in the Division of Temporary Disability Insurance would assume the responsibility.

Under the Unemployment Compensation Law, all covered employers in the base year share the benefit charge associated with a UI claim on a proportional basis. This is not possible under the Disability Insurance Program

since there is both private and state plan coverage, as noted above. If a claim was filed and there were private and state plan employers in the base year, there would be no way to charge the private plan employer since, in effect, they pay no contributions to the Temporary Disability Fund. However, there are no benefit charges to the employer for claims paid under the Disability During Unemployment Program.

Q. IF THE EMPLOYER ADVANCES THE CLAIMANT FULL SALARY DURING THE PERIOD OF DISABILITY CAN THE EMPLOYER RECEIVE THE CLAIMANT'S DISABILITY CHECK?

A. If the intent of the employer is to pay the difference between full salary and disability benefits, an agreement can be made with the employee to have the check turned over to the employer. The claimant must submit a properly signed authorization to the Division of Temporary Disability Insurance so that the check will be sent to the employer. However, the benefit check will be prepared in the name of the claimant.

The employer should make sure that the proper block on the back of the DS-1 claim form is checked to identify the continued pay as the difference between the claimant's regular weekly wage and the disability weekly benefit rate.

Q. HOW DOES AN EMPLOYER REPORT ANY MONEY THAT MIGHT BE PAID TO THE CLAIMANT AFTER A CLAIM HAS BEEN FILED?

A. If the employer pays the claimant money during a period of disability, the amount of benefits paid may be affected. Therefore, the employer should notify the Division of Temporary Disability Insurance in writing as soon as possible. The information should include the claimant's name, social security number, type of payment, the amount paid, and the period to which the payments apply.

Q. HOW DOES AN EMPLOYER REQUEST AN INDEPENDENT MEDICAL EXAMINATION?

A. An independent medical examination can be requested by writing to the Division of Temporary Disability Insurance after a disability claim has been filed. The employer should request the exam as soon as he suspects a problem with the claim. All correspondence must include the claimant's social security number. There is no cost to the claimant or employer for the exam.

Q. MAY A WORKER COLLECT DISABILITY BENEFITS IF HE/SHE WAS INJURED ON THE JOB?

A. Work connected injuries or illnesses are not compensable under the Temporary Disability Benefits Law. However, if an individual claims Workers' Compensation benefits and the claim is contested by the Workers' Compensation (WC) carrier, the law provides that temporary disability benefits may be paid pending resolution of the WC claim. A lien is filed and the Division of Temporary Disability Insurance will have subrogation rights against any subsequent WC award.

Q. CAN A CORPORATE OFFICER/OWNER COLLECT DISABILITY BENEFITS?

A. While a corporate officer/owner of an active corporation may not receive unemployment benefits during an off season, such individuals who become disabled may be eligible to receive temporary disability benefits under the State plan.

Q. HOW CAN AN EMPLOYER HELP TO REDUCE UNEMPLOYMENT AND DISABILITY INSURANCE COSTS?

A. Avoid fines by submitting all reports accurately and on time. Provide information on separations that are for reasons other than lack of work. Avoid unnecessary charges by reviewing determinations, appeal decisions and charge notices for accuracy. Make timely appeals from determinations, appeal decisions and charge notices that are believed wrong. Attend appeal hearings. Report claimants who refuse work. Report fraud. Lower experience rating through voluntary contributions. Use the exception address file to have forms sent to the proper company location.

Q. CAN AN INDIVIDUAL WHO IS UNEMPLOYED COLLECT DISABILITY BENEFITS?

A. That individual may file for benefits under the Disability During Unemployment (DDU) program. If the

individual is currently receiving Unemployment Insurance (UI) benefits, whether or not the individual is currently receiving UI benefits, his/her claim will be transferred to the DDU Section for an eligibility review. Whether or not the individual is currently receiving UI benefits, he/she should file a disability claim (Form DS-1). An eligibility review will determine if the individual has sufficient earnings and meets the eligibility requirements to qualify for the program. No charges accrue to employers for claims paid under the DDU program.

Q. HOW IS A PRIVATE PLAN SET UP?

A. All Private Plans must be approved by the Division of Temporary Disability Insurance. Application forms and full information can be obtained from the Plan Approval Unit, Private Plan Operations, PO Box 957, Trenton, NJ 08625-0957.

Q. MUST ALL PRIVATE PLANS BE WRITTEN BY AN INSURANCE COMPANY?

A. No. An employer may self-insure the Private Plan. Also, the Private Plan may be found through a labor-management agreement.

Q. CAN BENEFITS PROVIDED TO A CLAIMANT UNDER AN APPROVED PRIVATE PLAN BE LESS THAN BENEFITS PROVIDED BY THE STATE PLAN?

A. No. Disability benefits provided by an approved Private Plan must be at least equal to benefits provided by the State Plan, but can be more generous. Also, eligibility conditions imposed by the Private Plan cannot be more restrictive than those established under the State Plan.

Q. CAN AN EMPLOYER INSURE SOME EMPLOYEES THROUGH A PRIVATE PLAN AND OTHERS THROUGH THE STATE PLAN?

A. Yes, as long as the selection will not result in a substantial risk adverse to the State Plan. For an example of combined coverage, production workers may be insured through a Private Plan and all other workers by the State Plan. As another example, some employers insure individuals with less than six months' or a year's employment through the State Plan and all others under a Private Plan.

Q. CAN A CLAIMANT WHO REMAINS DISABLED AFTER HIS/HER APPROVED PRIVATE PLAN BENEFITS ARE EXHAUSTED THEN BEGIN TO RECEIVE STATE PLAN BENEFITS?

A. Coverage under the approved Private Plan replaces State Plan coverage. Therefore, since the claimant is not covered by the State Plan, he/she cannot be paid State Plan benefits, even if he/she continues to be disabled. The claimant should contact the local Social Security office (listed in the blue pages of the telephone directory) to inquire about Social Security Disability Benefits.

Q. IF A PRIVATE PLAN INSURANCE CARRIER DENIES A CLAIM, DOES THE DIVISION OF TEMPORARY DISABILITY INSURANCE HAVE TO BE NOTIFIED?

A. Copies of all denials of Private Plan claims must be forwarded to the Claims Review Unit, Private Plan Operations, PO Box 957, Trenton, NJ 08625-0957. Denials must advise claimants of their appeal rights under the law.

Q. CAN AN EMPLOYER WITH A PRIVATE PLAN SWITCH TO THE STATE PLAN?

A. Yes. Employers who want to terminate Private Plan coverage must give 30 days notice in writing to the Plan Approval Unit, Private Plan Operations, PO Box 957, Trenton, New Jersey 08625-0957. Benefits must be paid by the Private Plan throughout any disability that starts before the approved termination date, even though the disability may extend beyond the termination date of the Private Plan.

CHAPTER I, EMPLOYER TAXES AND WAGE REPORTING

Section 1

RESPONSIBILITIES OF ALL EMPLOYERS

The New Jersey Unemployment Compensation Law places certain responsibilities on all individuals, groups of individuals, firms and organizations that employ one or more persons on a permanent, temporary or part-time basis, whether or not such employers are required to pay unemployment insurance taxes.

Whether or not you are an employer subject to the Unemployment Compensation Law, you are required to give any information requested by the New Jersey Department of Labor concerning wages paid to an employee or former employee, and/or the reason why such person is no longer working for you.

So that the Department may ascertain which employers are liable for contributions, verify the correctness of amounts paid as contributions by each employer, and compute the amount and duration of benefits to which eligible workers are entitled, all employing units are required to keep the following records:

For Each Worker:

1. Full name, address and Social Security Number;

Verification of Workers' Social Security Numbers

Title 12 of the New Jersey Administrative Code requires that employers identify covered workers in accordance with the following steps:

- (a) Each employer shall ascertain the worker's social security account number. The New Jersey Department of Labor recommends employers inspect the worker's original social security card when verifying the social security number. If possible, it is also recommended that a photocopy of the social security card be retained for the employer's records.
- (b) In instances where a new employee does not have an original social security card, the employer should instruct the employee to apply for a new or duplicate social security card at his local Social Security Administration office. Upon receipt of the application, the Social Security Administration will issue a receipt to the worker.

The employer should inform the worker that the application must be made before the seventh day of employment. The receipt shall be retained by the worker, however the employer should make a photocopy for his records.

- (c) Once properly verified, the employer should list such numbers on his records including, but not limited to Wage Reporting records.

This procedure will ensure that only verified social security numbers are used when reporting wages to the Unemployment Compensation Wage Reporting System. In addition, following these requirements will go a long way in reducing the number of wage reporting penalties associated with wages reported under incorrect social security numbers.

2. Remuneration paid for each pay period, showing separately:

- (a) Money remuneration, including commissions and bonuses;
- (b) Reasonable cash value of remuneration paid by the employer in any medium other than money, including room and board, meals, tips;

(c) Special payments such as bonuses, gifts, etc., which have been paid during the pay period but which relate to employment in a prior period. Payments are regarded as special payments if the amount was not determinable in the prior period. Show separately:

- (1) Money payments;
- (2) Reasonable cash value of other remuneration;
- (3) The nature of such payments;
- (4) The period during which the services were performed for which special payments were paid;
- (5) The date on which the employee was hired, rehired or returned to work after a temporary layoff, the date that individual was separated from employment and the reason for the separation.

For Each Pay Period:

1. The beginning and ending dates of each pay period;
2. The total amount of wages paid to each employee in each pay period;
3. The total remuneration paid to all such individuals combined, separately by money and other remuneration, in each pay period and in all pay periods within each quarter.

NOTE: The law provides that payments made to workers under an agreement providing for service charges in lieu of tips shall be deemed remuneration. The law further provides that gratuities or tips received regularly in the course of employment from other than the employer are to be considered wages if the employee reports them in writing to his/her employer. If not so reported, these wages shall be determined in accordance with the prevailing minimum wage rate or the amount of remuneration actually received by the employee from the employer, whichever is the higher.

Records

Records are defined as all books of original entry plus any summarizations or other media used to post to a general ledger or its equivalent, as well as all Federal and State tax returns. Records also include machine sensible data media used for recording, consolidating and summarizing accounting transactions within an employing unit's automatic data processing system.

Length of Time Records Must Be Kept

All records required by the Division of Unemployment Insurance or the Division of Employer Accounts shall be kept safe and readily accessible at the New Jersey place of business of the employing unit. Such records shall, at all reasonable times, be open for inspection by authorized representatives of these agencies and shall be preserved for the current calendar year and for the four preceding calendar years.

Information obtained from you, as an employer, is confidential and is for the exclusive use in the administration of the Unemployment Compensation Law. It is not open to the public and cannot be used in any court action unless the Department or the State is a party to such action. Upon request, a claimant may have released to himself/herself or to any duly authorized representative any part of the applicable record.

Section 2

WAGE REPORTING

If you are an employer subject to the Law, you are required to file an "Employer Report of Wages Paid" (WR-30) form within 30 days of the end of each calendar quarter. This report requires you to list all individuals who were employed by and/or received remuneration from you as employees during the calendar quarter. Since the data supplied by employers on Form WR-30 contributes to the Department's process of determining eligibility for New Jersey unemployment and

temporary disability benefits, it is imperative that only remuneration for services rendered in New Jersey is included on that form. Wages paid for services performed in other states should be reported to those states. When determining the proper state to report remuneration to, please refer to "Multiple State Employment" in Chapter I, Section 3, "Liability for Contributions (Taxes)."

Information required includes (1) employee Social Security Number, (2) employee name, (3) gross wages paid, and (4) base weeks earned.

Gross wages paid are to be reported using the definition described in Chapter I, Section 4, "Wages."

Exception: Effective January 1, 2001, domestic employers (those who only employ household workers) will file Employer Report of Wages Paid (WR-30) on an annual basis.

Base Weeks

A base week is any calendar week (Sunday through Saturday) in the reporting quarter during which the employee EARNED in employment remuneration equal to or more than 20 times the state hourly minimum wage. The actual dollar minimum will be preprinted on the WR-30 when issued to you.

Payments made to employees for vacation, sick, or other paid leave during the quarter are to be reported as part of wages paid during that quarter. Earnings and, therefore, base weeks are credited when the leave is actually taken which may or may not occur within the same quarter as the payment.

Termination or separation payments made to an employee in lieu of notice continue the employment relationship and should be reported as a base week. In such an instance, the actual base week would occur in the week or weeks following the last day that was worked. Severance payments made under contractual obligations, custom or company policy do not extend the employment relationship and are not counted as a base week. These payments are reported on Form WR-30, and the entry for number of base weeks is zero.

Commissions or bonuses are reported as part of wages for the quarter when they are actually paid. These earnings may be used in base week calculations if (1) the payments can be directly attributable to earnings of a specific calendar week, or specific calendar weeks, and (2) such additional earnings would only then increase the existing earnings for affected calendar week(s) above the minimum amount required to constitute a base week.

Instructions for Completing WR-30 Report

Full instructions for completion of the "Employer Report of Wages Paid" (WR-30) are included with the WR-30. It is highly recommended that these instructions be read carefully prior to completion of each quarter's report. When filing the WR-30, please ensure that all columns are completed.

Questions on filing should be directed to the Division of Revenue at (609) 292-6400.

Questions on completing the forms should be directed to the Division of Employer Accounts at (609) 633-6400.

Magnetic Tape/Diskette Reporting

The Department has developed reporting options that make it easier to file your reports and help in reducing hard copy errors. Q-REPS/PC allows employers with IBM and compatible microcomputers to generate and submit their quarterly wage reports via diskette. This option is available for single unit employers and for multiple employer reporting. Q-REPS/TAPE allows employers and payroll service agencies to submit quarterly wage reports via magnetic tape. For more information on available Q-REPS products and services, please call (609) 984-7988, FAX to (609) 633-6706 or write to:

N. J. Department of Treasury
Division of Revenue
PO Box 256
Trenton, N. J. 08625-0256

NOTE: For all quarterly reports beginning January 1, 2001, each employer who has in excess of 50 employees is required to file Form WR-30 reports via magnetic media. Prior to January 1, 2001, each employer having in excess of 100 employees was required to file Form WR-30 reports via magnetic media.

Penalties

The following penalties will be assessed against employers based upon the number of employees who (a) were not reported, (b) were not reported by the due date, and/or (c) were not reported completely and accurately:

- (1) For the first failure for one quarter, in any eight consecutive quarters, \$5.00 per employee;
- (2) For the second failure for any quarter, in any eight consecutive quarters, \$10.00 per employee;
- (3) For the third or any subsequent failure(s) for any quarter, in any eight consecutive quarters, \$25.00 per employee.

Failure to Receive the WR-30 Report

The "Employer Report of Wages Paid" (WR-30) will be issued to you automatically during the last month of each calendar quarter. However, the fact that you do not receive the report does not excuse you from filing the report in an accurate manner and by the prescribed due date. If you have not received the report by the tenth business day following the end of the calendar quarter, you should notify the Division of Revenue (Department of Treasury) at (609) 292-6400.

Amended Reports

If it becomes necessary to correct previously submitted wage information, a special report form (WR-30A) must be requested from the Division of Employer Accounts at (609) 633-6400.

Section 3

LIABILITY FOR CONTRIBUTIONS (TAXES)

If you are employing, or expect to employ, one or more persons, you should notify the Division of Employer Accounts so that a determination can be made as to whether or not you are subject to the law. Under the law it is your responsibility to make the fact known.

Determination of Liability

If you start a business and employ one or more individuals and pay wages of \$1,000 or more in a calendar year, you may be subject to the law.

If you acquire the organization, trade or business, or substantially all the assets of an employing unit which is already subject to the law, you immediately become a subject employer.

If you are subject to the provisions of the Federal Unemployment Tax Act, you automatically become subject under the law, unless the services performed are specifically excluded under the New Jersey law. An employing unit is generally subject to FUTA if it had covered employment during some portion of a day in 20 different calendar weeks within the calendar year or had a quarterly payroll of \$1,500 or more.

NOTE: Agricultural Employers - You are liable for contributions on wages paid to agricultural employees if:

1. You were already a registered employer, or
2. Not registered, you were or became subject to the Law, having paid wages of \$1,000 or more in a calendar year to one or more workers for services performed in a non-agricultural business operation, or

3. You acquired the organization, trade or business, or substantially all the assets of an employing unit already subject to the law, or
4. You are subject to the Federal Unemployment Tax Act or
5. Not subject under the above provisions, you:
 - A. Paid gross cash remuneration of \$20,000 or more to individuals employed in agricultural labor during any calendar quarter or
 - B. Employed ten or more individuals in agricultural labor, regardless of whether they were employed at the same moment of time, for some portion of a day in each of 20 different calendar weeks, whether or not such weeks were consecutive.

SPECIAL EMPLOYERS - Under certain circumstances, a crew leader who provides a crew to an agricultural employer, can be considered the employer of the crew for unemployment tax purposes. The agreement between the crew leader and entity must comply with all federal and state regulations and the crew leader must be registered under the New Jersey Crew Leader Registration Act. For further information contact any Regional Office listed in the Appendix.

Domestic Employers - In order for you to become subject to the law, you must have paid gross cash remuneration of at least \$1,000 to domestic labor in a calendar quarter.

The State of New Jersey and its political subdivisions are subject to the law. In determining liability, consideration is given to the following:

1. Independent Contractors

Whenever services are performed for remuneration (including commissions, bonuses and the cash value of compensation in kind), the question of whether such services are considered as performed by an independent subcontractor or a covered employee is determined by application of the three tests of Section 19(i) (6) (A), (B) and (C) of the New Jersey Unemployment Compensation Law.

All remunerated services performed by an individual are deemed to be employment, unless it is established to the satisfaction of the Department that:

- A. "Such individual has been and will continue to be free from control or direction over the performance of such service, both under his contract of service and in fact."
- B. "Such service is either outside the usual course of the business for which such service is performed, or that such service is performed outside of all the places of business of the enterprise for which such service is performed." This is a two-part test and satisfaction of either part will meet the requirement. Service which is essential to the nature of the business does not meet the first part of this test, regardless of whether any employee performs the same type of service. If there is no fixed place of business, services performed in whole or in part at a temporary work site or an area where customers or prospective customers are located will not meet the second part of this test.
- C. "Such individual is customarily engaged in an independently established trade, occupation, profession or business." This requires the individual's business activity to exist and continue to exist independently of, and apart from, the particular service relationship; it must be a stable, lasting enterprise which will survive termination of the relationship.

2. Multiple State Employment

When an employee performs services for the same employer in New Jersey and in some other state(s), the question of whether that employee is covered by the New Jersey Unemployment Compensation Law is

determined by the tests of Sections 19 (i) (2) (A) and (B). Similar tests exist in the unemployment compensation laws of other states to avoid conflict and overlapping of coverage.

The application of these tests will result in the reporting to one state of the employee's total wages in all states. The tests are to be applied to the employee, not to the employer, in the following order: (A) localization of service; (B) base of operations; (C) place of direction and control; (D) residence of employee.

A. LOCALIZATION OF SERVICE TEST

To determine jurisdiction of coverage, it is first necessary to determine whether the service is localized in any state. Service is reportable to the state in which it is localized; if the service is localized in one state, it is unnecessary to apply any other test. Localization occurs when all service is performed in one state, or when all service with the exception of incidental out-of-state service is performed in one state. Service is considered incidental if it is temporary or transitory in nature, or consists of isolated transactions.

B. BASE OF OPERATIONS TEST

If an individual's service is not localized in any state, it is necessary to apply the second test: Are any services performed in the state in which the individual's base of operations is located? Services which are not localized in any state are reportable to the state which serves as the employee's base of operations, provided that some services are performed in that state. Base of operations is the place or fixed center of more or less permanent nature from which the employee starts work and customarily returns to in order to accomplish any of the following.

- receive instructions from the employer;
- receive instructions from customers or other persons;
- replenish stocks and materials;
- repair equipment;
- perform any other functions necessary to the exercise of the particular trade or business.

C. PLACE FROM WHICH SERVICE IS DIRECTED AND CONTROLLED TEST

If jurisdiction cannot be established using the localization of service test or the base of operations test, services are reportable to the state from which the employer exercises direction and control over the employee, provided that the employee performs some services in that state. The place from which an individual's service is directed or controlled is the place from which the employer's basic authority and general control emanate.

D. PLACE OF RESIDENCE TEST

If coverage cannot be determined by any of the above tests, it is necessary to apply the test of residence. Residence is a factor in determining coverage only when the individual's service is not localized in any state and no service is performed in the state which serves either as the employee's base of operations (if there is such a base) or the place from which the service is directed and controlled. If coverage cannot be established using localization, base of operations, or place of direction and control, services are reportable to the state in which the employee resides, provided that some services are performed in that state.

3. Exempt Employment

The following services are exempted from coverage if they are also exempt from coverage under the Federal Unemployment Tax Act. Those services contained below in sections E, K, L, T, U, V and W are not specifically excluded from FUTA coverage. In addition, services performed by "mutual fund brokers or dealers in the sales of mutual funds or other securities," described in G below are not excluded from FUTA coverage. If you do not have an Internal Revenue ruling excluding these services, or the individuals providing the services do not meet

the ABC Independent Contractor Test, they would be considered employees for New Jersey unemployment and disability purposes.

- A. Where the employing unit is a proprietorship, service performed by an individual in the employ of his/her son, daughter or spouse, and service performed by a child under the age of eighteen in the employ of his/her father or mother;
- B. Service performed in the employ of any other state or its political sub-divisions;
- C. Service performed in the employ of the United States Government or of an instrumentality of the United States, unless the Congress of the United States permits coverage;
- D. Service in the employ of fraternal beneficiary societies, orders or associations operating under the lodge system or for the exclusive benefit of the members of a fraternity itself operating under the lodge system and providing for the payment of life, sick, accident or other benefits to the members of such society, order or association, or their dependents;
- E. Service performed as a member of the board of directors, a board of trustees, a board of managers, or a committee of any bank, building and loan or savings and loan association, incorporated or organized under the laws of this State or the United States, where such services do not constitute the principal employment of the individual;
- F. Service with the respect to which unemployment compensation is payable under the Railroad Unemployment Insurance Act (52 Stat. 1094);
- G. Service by agents of mutual fund brokers or dealers in the sale of mutual funds or other securities, by agents of insurance companies, exclusive of industrial insurance agents, or by agents of investment companies, who are compensated wholly on a commission basis;
- H. Service by licensed real estate salesmen or brokers who are compensated wholly on a commission basis;
- I. Service by agents of mutual benefit associations who are compensated wholly on a commission basis;
- J. Service in the employ of any veterans' organization chartered by Act of Congress or of any auxiliary thereof, no part of the net earnings of which organization, or auxiliary thereof, inures to the benefit of any private shareholder or individual;
- K. Service for the owner or operator of any theatre, ballroom, amusement hall, or other place of entertainment, not in excess of ten weeks in any calendar year for the same owner or operator, by any leader or musician of a band or orchestra, commonly called a "name band," entertainer, vaudeville artist, actor, actress, singer, or other entertainer;
- L. Service by an individual for a labor union organization, known and recognized as a union local, as a member of a committee or committees reimbursed by the union local for time lost from regular employment or as part-time officer of a union local when the remuneration for such services is less than \$1,000 in a calendar year;
- M. Service performed in the sale or distribution of merchandise by home-to-home salespersons or in-the-home demonstrators whose remuneration consists wholly of commissions or commissions and bonuses; if a service is sold in addition to merchandise the exclusion does not apply. Merchandise does not include capital improvements to the home or memberships in clubs or organizations.
- N. Service performed in the employ of a hospital as a student nurse, or an intern in the first year of internship, or by a patient of the hospital;

- O. Service in an educational institution by a student or by the spouse of a student, if the spouse is advised that the employment is part of a program of financial aid for the student who is enrolled at said institution on a full-time basis;
- P. Service performed by an individual enrolled at a nonprofit or public institution as part of a work-study program, if the institution certifies the employer as a participant in the program;
- Q. Service performed in the employ of a foreign government, including service as a consular, non-diplomatic representative, or other officer or employee;
- R. Service performed in the employ of an instrumentality wholly owned by a foreign government if a reciprocal exemption is granted by that government;
- S. Service in the employ of an international organization entitled to the privileges, exemptions and immunities under the International Organization Immunities Act;
- T. Services performed by operators of motor vehicles where the aggregate weight of the unloaded tractor and the unloaded weight of the attached trailer, if the normal use of the tractor would require the use of that trailer, is 18,000 lbs., or more, licensed for commercial use and used for the highway movement of motor freight, who own their equipment or who lease or finance the purchase of their equipment through an entity which is not owned or controlled directly or indirectly by the entity for which the services were performed and who were compensated by receiving a percentage of the gross revenue generated by the transportation move or by a schedule of payment based on the distance and weight of the transportation move;
- U. Services performed by a certified shorthand reporter pursuant to P. L. 1940, c. 175 (C. 45:15B-1 et seq.), provided to a third party by the reporter who is referred to the third party pursuant to an agreement with another certified shorthand reporter or shorthand reporting service, on a free-lance basis, compensation for which is based upon a fee per transcript page, flat attendance fee, or other flat minimum fee, or combination thereof, as set forth in the agreement.
- V. Services performed by a limousine franchisee are exempt in relation to the limousine franchisor if:
 - 1. The limousine franchisee is incorporated.
 - 2. The franchisee is subject to regulation by the Interstate Commerce Commission.
 - 3. The limousine franchise exists pursuant to a written franchise arrangement between the franchise and the franchisor as defined by Section 3 of P. L. 1971 c. 356 (C. 56:10-3).
 - 4. The franchisee registers with the Department of Labor and receives an employer registration number.
- W. Services provided by certain outside travel agents over which the taxpayer does not and cannot exercise any control or direction.

NOTE: If one half or more of the services in any pay period performed by an individual for an employing unit constitutes employment covered by the law, all services performed in that period are covered.

Additional Exemptions From Coverage (Public and Nonprofit Institutions)

The law exempts certain services if they are performed for public or non-profit institutions exempt under 501 (c) (3) of the Internal Revenue Code. They are:

Services performed in the employ of a church or organization operated primarily for religious purposes. As of May 26, 1981, this exemption includes church-related elementary and secondary schools; that is, schools operated under the corporate charter of a church or other formal religious groups. However, any such group may elect coverage for its employees by contacting the Department of Labor, Division

of Employer Accounts, Employer Status Section, PO Box 397, Trenton, New Jersey 08625-0397. Services performed by a duly ordained minister, priest or member of a religious order in the exercise of duties required of such order.

Services performed in a facility for rehabilitation by a person receiving rehabilitation.

Services performed as part of work relief or work training program by a person receiving the training.

If you have in your employ any person(s) performing services you think may be exempt, contact any Regional Office for guidance. A written opinion can be requested by writing the Chief Auditor, Division of Employer Accounts, PO Box 942, Trenton, New Jersey 08625-0942.

Do not attempt to make your own determination. It may be wrong. If it is, it could cost you money in the form of interest and penalties.

Right of Appeal

Should you disagree with the determination of the Division of Employer Accounts, you have the right to protest and request a hearing on the matter. Any such request must be made within 30 days of the date of the notification.

Termination of Liability

If you have been determined to be subject to the law and you sell your business, or you do not have anyone working for you now, you may be relieved of your responsibility of filing reports if you so notify the Division of Employer Accounts.

Section 4

CONTRIBUTION REPORTS

If you are an employer subject to the law, you are required to file a Employer's Quarterly Report for each calendar quarter. As an employer subject to the provisions of the New Jersey Unemployment Compensation Law, you are also subject to the provisions of the New Jersey Temporary Disability Benefits Law.

Exception: Domestic employers (those who only employ household workers) will file Employer's Quarterly Report (Form NJ-927) on an annual basis, reporting gross, excess and taxable wages and paying contributions due for calendar year 2002, by January 30, 2003. This form will also allow employers to report and pay gross income tax withheld from workers.

Exception: A governmental entity or instrumentality is not automatically subject to the provisions of the State's Temporary Disability Benefits Law but may voluntarily elect this coverage. (See Chapter II, Section 8, Temporary Disability Insurance.)

Contributions under the Unemployment Compensation Law are required of all subject employers and covered workers. Contributions under the Temporary Disability Benefits Law are also required if the State Plan of disability insurance is in force.

Exception: Nonprofit organizations exempt under Section 501(c) (3) of the Internal Revenue Code may elect to reimburse the Unemployment Trust Fund for unemployment benefits paid instead of making regular contributions. (See Chapter I, Section 6, Special Notes for Non-Profit Organizations.)

Exception: A governmental entity shall reimburse the Unemployment Trust Fund for unemployment benefits paid instead of making regular contributions but may voluntarily elect to pay contributions, effective January 1 of a calendar year, by filing written notice with the Division of Employer Accounts not later than February 1 of such year. This election must remain in effect for at least two full calendar years and may be terminated by filing written notice not later than February 1 of the year termination is to be effective.

Workers

Each monthly employment figure reported on the Employer's Quarterly Report (Form NJ-927) should represent a count of all full-time and part-time workers covered by the N.J. Unemployment Insurance Law who worked during or received pay for the payroll period which includes the 12th of the month. If no workers were employed during the payroll period, enter zero (0) for the month.

The monthly counts reported should not be a restatement of the summary count of employees reported on the Employer Report of Wages Paid (Form WR-30). The summary count from Form WR-30 represents a count of all workers who were employed during the quarter. Monthly employment reported on the Employer's Quarterly Report reflect payroll counts for the pay period including the 12th of each month. The summary count from the WR-30 will generally be greater than or equal to any of the monthly payroll counts from the NJ-927. At no time should any monthly employment figure reported on the Employer's Quarterly Report exceed the summary count of employees reported on the Employer Report of Wages Paid for the same quarter.

For questions regarding the reporting of monthly employment counts on the Employer's Quarterly Report (Form NJ-927) please contact the Covered Employment Statistics unit at: (609) 984-5586 or (609) 984-5589.

Wages

The term wages as used in this section means every form of remuneration which you pay to your employees, either directly or indirectly, including salaries (vacation pay, holiday pay, back pay awards), commissions and bonuses.

Certain sick leave payments that are made by employers to employees for periods of disability are considered as wages for both tax and benefit purposes under the Unemployment Compensation and Temporary Disability Benefits Laws.

Those types of sick leave payments deemed wages and therefore taxable are:

1. Continuation of pay during period of sickness or injury;
2. Payment of the difference between temporary disability benefits paid under the State Plan or an approved Private Plan and full salary;
3. Payment of the difference between Workers' Compensation benefits and full salary;
4. Payment of unused sick leave made to an employee while still in employment.

Those types of sick leave payments deemed benefits and therefore not taxable are:

1. Benefits paid from the State Plan for temporary disability insurance;
2. Benefits paid by an insurance carrier under an approved Private Plan;
3. Benefits paid by a union under an approved Private Plan;
4. Benefits paid by the employer under an approved self-insured Private Plan;
5. Benefits paid for work-related injury under Workers' Compensation;
6. Benefits paid to employees in the public sector for work-related illness under Sick Leave Injury (SLI);
7. Payment of sick leave made after retirement or separation from employment.

Benefits paid by a private plan employer or an approved self-insured private plan must apply the following rules to determine if payments constitute taxable wages.

- (a) Payments made to employees under an approved Private Plan shall be considered as taxable remuneration, if payments are for a period of less than seven consecutive days following the date of disability.
- (b) Payments made for periods after the seventh consecutive day following the date of disability shall not be considered as taxable.
- (c) If the period of disability extends to the twenty-second day of disability and payment is made for that twenty-second day, then the first seven days, referred to in (a) above would not be considered taxable.

Payments in kind for personal services such as meals, board, lodging or any other payment in kind received by a worker from his/her employing unit in addition to or in lieu of (rather than as a deduction from) money wages are deemed to be remuneration paid by his/her employing unit. The Department of Labor shall determine or approve the cash value of such payments in kind, and such cash value shall be used in determining the wages payable or paid to such worker and in computing contributions due under the law.

Money value for board and room, meals and lodging shall be treated as follows:

- 1. Where a money value for board and room, meals and lodging, or for any such items furnished to a worker is agreed upon in a contract of hire, the amount so agreed upon shall be deemed the cash value of such item or items.
- 2. The Director shall establish rates for board and room, meals and lodging furnished in addition to, or in lieu of, money wages, unless the employer can establish different costs determined by generally accepted accounting principles. The rates for 2002 are:
 - i. Full board and room, per week \$ 158.20
 - ii. Meals, per day \$ 18.10

Meals, if less than 3 meals per day, the individual meals shall be valued as follows:

Breakfast (Meals served between 12:01 A.M. & 11:00 A.M.)	\$ 5.40
Lunch (Meals served between 11:00 A.M. & 4:00 P.M.)	\$ 5.40
Dinner (Meals served between 4:00 P.M. & 12:00 P.M.)	\$ 7.20

- iii. Lodging, per week \$ 67.80

NOTE: These amounts are used when the employer does not assign value to such payments for unemployment and temporary disability insurance purposes only. They have no bearing on the New Jersey Wage and Hour Laws or Regulations or the Federal Fair Labor Standards Act (FLSA) and Regulations. Rates for board and room, meals and lodging under the New Jersey Wage and Hour Laws or Regulations may be found at N.J.A.C. 12:56-8, 12:56-13 and 12:56-14. Under the FLSA, these rates may be found at 29 U.S.C. 201 et seq., and 29 CFR Part 531.

The following types of remuneration are also included as wages:

1. Separation pay if made under a contractual obligation or by custom.
2. Payment of employees' portion of federal or state income tax, social security tax or unemployment and temporary disability taxes.
3. Distributions of income to officers of Subchapter "S" corporations when paid, if the officers performed any services for the corporation.
4. Employee payments to IRA or other deferred compensation plans which are withheld from gross remuneration.
5. Employer contributions to employees' cash or deferred arrangements under IRC Section 401(k), to the extent that the employee could have elected to receive cash in lieu of making contributions.
6. An employee's participation in a cafeteria plan (IRC Section 125) to the extent that an employee could have received cash in lieu of participation; including any voluntary salary reduction.
7. Employer contributions on behalf of, or reimbursements to, an employee under a Dependent Care Assistance Program.
8. If a Dependent Care Assistance Program is financed by an employee's voluntary salary reduction, remuneration shall be that amount the employee could have received in lieu of making the contribution.
9. Remuneration resulting from a below market interest rate loan shall be taxable to the extent as determined as income for the purposes of F.U.T.A.
10. When personal use of a company vehicle is present, the value of such use as determined by Section 61 of the Internal Revenue Code shall be considered remuneration.

Taxable Wages

The maximum amount of wages on which subject employers must pay taxes is as follows for the periods shown:

<u>Calendar Year</u>	<u>Taxable Wages</u>
1998	\$ 19,300
1999	\$ 20,200
2000	\$ 21,200
2001	\$ 22,100
2002	\$ 23,500

The taxable wage base changes each year and is determined at 28 times the statewide average weekly wage paid to workers subject to the law. This statewide average wage is determined by the Commissioner of Labor on or before September 1 of each year on the wages paid during the preceding calendar year.

Contribution Rates

Supplemental Workforce Fund

Legislation enacted in 2001 established a Supplemental Workforce Fund (SWF) for Basic Skills to provide basic skills training to qualified workers. Effective July 1, 2001, each employer's unemployment insurance tax rate is reduced by .0175%, with the corresponding reduction paid into the SWF. Effective January 1, 2002, workers' tax rates are also reduced by .0175%, with this amount paid into the new fund. In the tables in this section and in Section 5 (Chapter I), the tax rate for the SWF has been combined with that for the Workforce Development Partnership Fund (WF).

Employers

Excepting those employers who become subject due to the “successor” provisions of the law, most new employers are assigned basic “starting” rates. The basic contribution rates for unemployment insurance and State Plan disability insurance coverage are subject to change, depending on the condition of the Unemployment Trust and Disability Benefits Funds, respectively. For a full explanation of contribution rates and experience rating, see Chapter I, Section 5.

New employer rates for Unemployment Insurance (UI), State Plan Temporary Disability Insurance (DI), Workforce Development Partnership (WF), Supplemental Workforce (SWF), and Health Care Subsidy (HC) since January 1, 1998 are illustrated as follows:

Period	UI	DI	WF/SWF	HC
1-1-98 to 12-31-98	2.4000%	0.5%	0.1000%	0.3%
1-1-99 to 12-31-99	2.4000%	0.5%	0.1000%	0.3%
1-1-00 to 12-31-00	2.5000%	0.5%	0.1000%	0.2%
1-1-01 to 6-30-01	2.7000%	0.5%	0.1000%	0.0%
7-1-01 to 6-30-02	2.6825%	0.5%	0.1175%	0.0%

Workers

The workers’ contribution rates and maximum contributions to be deducted for Unemployment Insurance (UI), State Plan Disability Insurance (DI), Workforce Development Partnership (WF), Supplemental Workforce (SWF), and Health Care Subsidy (HC) are as follows for the periods shown:

Calendar Year	Rates				Maximum Deductions				Total Deduction
	UI	DI	WF/SWF	HC	UI	DI	WF/SWF	HC	
1998	0.1000%	0.5%	0.0250%	0.300%	\$19.30	\$ 96.50	\$4.83	\$57.90	\$178.53
1999	0.1500%	0.5%	0.0250%	0.250%	\$30.30	\$101.00	\$5.05	\$50.50	\$186.85
2000	0.2000%	0.5%	0.0250%	0.200%	\$42.40	\$106.00	\$5.30	\$42.40	\$196.10
2001	0.2000%	0.5%	0.0250%	0.200%	\$44.20	\$110.50	\$5.53	\$44.20	\$204.43
2002	0.1825%	0.5%	0.0425%	0.200%	\$42.89	\$117.50	\$9.99	\$47.00	\$217.38

Special Reimbursable Accounts

During calendar year 1999, governmental entities or instrumentalities that elected to reimburse the cost of benefit payments in lieu of contributions deducted worker contributions of 0.425% of taxable wages. Most of this withholding, 0.375%, was remitted to the Department of Labor with the employer's Quarterly Contributions Report. The balance, 0.050%, was deposited in the employer's trust account.

During calendar years 2000 through 2002, the total deduction of 0.425% remains unchanged. However, the governmental reimbursable employer will remit 0.325% along with the Contributions Report, and will deposit 0.1% into the employer's trust account.

Governmental employers that have elected coverage under New Jersey's Temporary Disability Benefits Law will continue to remit the full worker contribution, 0.5% of taxable wages, along with the employer contribution.

Instructions for Completing Quarterly Reports

Full instructions are included for the completion of the Employer's Quarterly Contribution Report (Form NJ-927). It is recommended that these instructions be read carefully by the person responsible for making out the report each time before filling in the various items required on the report.

Due Dates of Reports

Employer's Quarterly Reports (Form NJ-927) are required for the periods ending March 31, June 30, September 30 and December 31 of each year. The reports and the contributions due on the taxable wages shown on the reports must be sent to the Division of Employer Accounts not later than April 30, July 30, October 30, and January 30. This allows you 30 calendar days after the close of the quarter in which to prepare the report.

Domestic employers should refer to exception on page 18 regarding annual filing.

Penalties for Failure to File Reports

Should you, as an employer, fail to file the Employer's Quarterly Report (Form NJ-927), the Division of Employer Accounts may estimate the amount of taxes you owe from any available information, and may assess and collect the taxes due, together with penalties and interest.

It is mandatory that all employers, including reimbursement option employers, submit these reports. The reporting form must be completed and returned even if you, the employer, have had no payroll in the quarter.

If you file the contribution report late, you will be charged \$5.00 a day for each day of delinquency up to and including the fifth day, after which the charge is a penalty of \$5.00 a day or 20 percent of the amount of contributions due for the period covered by the report, whichever is the lesser. If you file a contribution report late on which no contributions are due, the maximum penalty is \$25.00.

If you fail to pay the contribution when due, the law provides that the amount of the taxes due shall carry interest at the rate of 1.25% for each month from the due date until the date payment is received.

Failure to Receive Contribution Report Forms

The Employer's Quarterly Report (Form NJ-927) will be furnished to you regularly without application on your part. However, the fact that you receive no form does not excuse you, as a subject employer, from filing a report. If you do not receive your quarterly contribution report form at the usual time, you should notify the Division of Revenue.

Adjustment to Reports

Each report should include only the information which pertains to a particular quarter. If you discover that you have made an error on a previous report, you should notify the Division of Revenue immediately and provide the corrected detail information.

Credit Against the Federal Unemployment Tax

If you employ one or more persons for some portion of a day in each of 20 weeks within a calendar year or have a payroll of \$1,500 in a calendar quarter, you are subject to the provisions of the Federal Unemployment Tax Act. Those employers who pay their taxes on time to the New Jersey Department of Labor are allowed a credit not to exceed 90 percent of 6.2 percent on the first \$7,000 of wages paid to each employee. "On time" means that employers must have paid their taxes due under the New Jersey law by January 31 of the year following the calendar year for which they claim credit. The total allowable credit is 5.4 percent of the gross tax.

Section 5

EXPERIENCE RATING

Unemployment and disability insurance tax rates are assigned on a fiscal year basis (July 1 - June 30). Every subject employer receives a "Notice of Employer Contribution Rates" (Form AC-174.1) and its accompanying explanation at the beginning of each fiscal year.

Employer Unemployment Tax Rate

There are two factors which determine an employer's unemployment tax rate. They are: (1) the Unemployment Trust Fund Reserve Ratio, and (2) the Employer's Reserve Ratio.

Unemployment Trust Fund Reserve Ratio

The Unemployment Trust Fund Reserve Ratio is computed by dividing the balance of the Unemployment Trust Fund as of March 31 of the current calendar year by the total taxable wages reported by all employers for the prior calendar year.

$$\frac{\text{BALANCE OF UNEMPLOYMENT TRUST FUND (as of March 31)}}{\text{TOTAL UC TAXABLE WAGES}} = \text{UNEMPLOYMENT TRUST FUND RESERVE RATIO}$$

The Unemployment Trust Fund Reserve Ratio determines which column of rates will be in effect for all employers. Since July 1, 1986, New Jersey's unemployment tax tables have included six columns of rates which are labeled columns A, B, C, D, E and E+10%. Column A rates, the lowest rates, are applicable when the fund is highest (4.50% of taxable wages, or greater). Column E+10% rates, the highest rates, are applicable when the fund is lowest (below 1.00% of taxable wages).

The trust fund reserve ratio thresholds which trigger various tax columns have been modified in recent years as follows:

	A	B	C	D	E	E+10%
July 1, 1997 through June 30, 1998	6.00% And Over	4.00% to 5.99%	3.00% to 3.99%	2.50% to 2.99%	1.00% to 2.49%	Below 1.00%
	A	B	C	D	E	E+10%
Effective July 1, 1998	4.50% And Over	3.50% to 4.49%	3.00% to 3.49%	2.50% to 2.99%	1.00% to 2.49%	Below 1.00%

From January 1, 1998, through June 30, 2001, each employer's rate, except those with a reserve ratio of negative 35.00%, is decreased by 0.1%, with the corresponding reduction paid into the Workforce Development Partnership Fund. Additionally, from January 1, 1998 through December 31, 1998, each employer's rate, after the 0.1% reduction, was decreased by 12%, with the corresponding reduction paid into the Health Care Subsidy Fund. For calendar year 1999, the employer's rate was decreased by 10% and in 2000 by 7%, with the corresponding reduction paid into the Health Care Subsidy Fund. Effective January 1, 2001, there will be no reduction to the employer's rate for payment into the Health Care Subsidy Fund.

Effective July 1, 2001, each employer's rate, except those with a reserve ratio of negative 35.00%, is decreased by 0.1175% with the corresponding reduction paid into the Workforce Development/Supplemental Workforce Funds.

The Experience Rating Tax Table on page 26 illustrates combined employer contribution rates (Unemployment Insurance, Workforce Development, Supplemental Workforce Fund and Health Care Subsidy.) This table is followed by applicable tax schedules from July 1, 1999 through June 30, 2002.

Employer's Reserve Ratio

New Jersey uses the "reserve ratio" method in determining unemployment tax rates for subject employers. In accordance with this system, a record is maintained for each employer showing the contributions paid, unemployment benefits charged to that account and taxable wages. The cumulative benefits are subtracted from the cumulative contributions. The resulting value is known as the "Reserve Balance."

$$\text{EMPLOYER CONTRIBUTIONS} - \text{BENEFITS CHARGED} = \text{RESERVE BALANCE}$$

Employer contributions include all payments made as of January 31 of any calendar year. Benefits charged include only those paid to claimants through December 31 of the previous calendar year.

The Reserve Balance is divided by average annual taxable wages (for the last 3 or 5 calendar years, whichever is higher) and the product is the "Reserve Ratio."

$$\frac{\text{RESERVE BALANCE}}{\text{AVERAGE ANNUAL TAXABLE WAGES (last 3 or 5 years)}} = \text{RESERVE RATIO}$$

The employer's Reserve Ratio will fall within one of the 28 categories as shown in the table on page 26. After establishing the employer's Reserve Ratio category and determining which particular schedule of rates is in effect, the employer's unemployment tax rate can be ascertained.

In some cases, however, an employer's Reserve Ratio is not used in determining the employer's combined UI/WF/HC contribution rate. Three such rating categories, and corresponding employer contribution rates, are illustrated as follows:

	Unemployment Trust Fund Reserve Ratio					
	4.50%	3.50%	3.00%	2.50%	1.00%	.99%
	and	to	to	to	to	and
	Over	4.49%	3.49%	2.99%	2.49%	Below
	A	B	C	D	E	E+10%
(1) New Employer Rate	2.8%	2.8%	2.8%	3.1%	3.4%	3.7%
(2) Specially Assigned (positive)	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%
(3) Specially Assigned (negative)	5.4%	5.4%	5.8%	6.4%	7.0%	7.7%

(1) New Employer Rate

New Jersey employers are assigned new employer rates until they have established three consecutive full or partial years of contribution payment experience. Effective July 1 of the fourth year of subjectivity, rates are assigned based on the employer's unemployment experience history.

(2) Specially Assigned Rates (positive) and (3) Specially Assigned Rates (negative)

Specially assigned rates apply to employers who previously had sufficient experience to receive an "experience rate" but subsequently paid no contributions on wages for employment with respect to at least one of the last three calendar years. Category (2) employers have positive Reserve Balances; category (3) employers have negative Reserve Balances.

EXPERIENCE RATING TAX TABLE
EFFECTIVE JULY 1, 1998
(Combined UI/WF/SWF/HC Rates)*

Employer Reserve Ratio	Unemployment Trust Fund Reserve Ratio					
	4.50% and Over A	3.50% to 4.49% B	3.00% to 3.49% C	2.50% to 2.99% D	1.00% to 2.49% E	.99% and Below E+10%
Positive Reserve Ratio:						
17% and over	0.3%	0.4%	0.5%	0.6%	1.2%	1.3%
16.00% to 16.99%	0.4%	0.5%	0.6%	0.6%	1.2%	1.3%
15.00% to 15.99%	0.4%	0.6%	0.7%	0.7%	1.2%	1.3%
14.00% to 14.99%	0.5%	0.6%	0.7%	0.8%	1.2%	1.3%
13.00% to 13.99%	0.6%	0.7%	0.8%	0.9%	1.2%	1.3%
12.00% to 12.99%	0.6%	0.8%	0.9%	1.0%	1.2%	1.3%
11.00% to 11.99%	0.7%	0.8%	1.0%	1.1%	1.2%	1.3%
10.00% to 10.99%	0.9%	1.1%	1.3%	1.5%	1.6%	1.8%
9.00% to 9.99%	1.0%	1.3%	1.6%	1.7%	1.9%	2.1%
8.00% to 8.99%	1.3%	1.6%	1.9%	2.1%	2.3%	2.5%
7.00% to 7.99%	1.4%	1.8%	2.2%	2.4%	2.6%	2.9%
6.00% to 6.99%	1.7%	2.1%	2.5%	2.8%	3.0%	3.3%
5.00% to 5.99%	1.9%	2.4%	2.8%	3.1%	3.4%	3.7%
4.00% to 4.99%	2.0%	2.6%	3.1%	3.4%	3.7%	4.1%
3.00% to 3.99%	2.1%	2.7%	3.2%	3.6%	3.9%	4.3%
2.00% to 2.99%	2.2%	2.8%	3.3%	3.7%	4.0%	4.4%
1.00% to 1.99%	2.3%	2.9%	3.4%	3.8%	4.1%	4.5%
0.00% to 0.99%	2.4%	3.0%	3.6%	4.0%	4.3%	4.7%
Special Assigned Rate:	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%
Negative Reserve Ratio:						
-0.00% to -2.99%	3.4%	4.3%	5.1%	5.6%	6.1%	6.7%
-3.00% to -5.99%	3.4%	4.3%	5.1%	5.7%	6.2%	6.8%
-6.00% to -8.99%	3.5%	4.4%	5.2%	5.8%	6.3%	6.9%
-9.00% to -11.99%	3.5%	4.5%	5.3%	5.9%	6.4%	7.0%
-12.00% to -14.99%	3.6%	4.6%	5.4%	6.0%	6.5%	7.2%
-15.00% to -19.99%	3.6%	4.6%	5.5%	6.1%	6.6%	7.3%
-20.00% to -24.99%	3.7%	4.7%	5.6%	6.2%	6.7%	7.4%
-25.00% to -29.99%	3.7%	4.8%	5.6%	6.3%	6.8%	7.5%
-30.00% to -34.99%	3.8%	4.8%	5.7%	6.3%	6.9%	7.6%
-35.00% and under	5.4%	5.4%	5.8%	6.4%	7.0%	7.7%
Special Assigned Rate	5.4%	5.4%	5.8%	6.4%	7.0%	7.7%
New Employer Rate	2.8%	2.8%	2.8%	3.1%	3.4%	3.7%

* Effective January 1, 2001 the combined rate no longer includes the tax for the Health Care Subsidy Fund (HC). Beginning July 1, 2001 the combined rate includes a tax for the Supplemental Workforce Fund (SWF) for Basic Skills.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JULY 1, 1999 - DECEMBER 31, 1999

TABLE A

(.10)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD	HCS	UI
17.00%	AND OVER		0.3%	0.10%	0.00%	0.20%
16.00%	TO	16.99%	0.4%	0.10%	0.00%	0.30%
15.00%	TO	15.99%	0.4%	0.10%	0.00%	0.30%
14.00%	TO	14.99%	0.5%	0.10%	0.00%	0.40%
13.00%	TO	13.99%	0.6%	0.10%	0.10%	0.40%
12.00%	TO	12.99%	0.6%	0.10%	0.10%	0.40%
11.00%	TO	11.99%	0.7%	0.10%	0.10%	0.50%
10.00%	TO	10.99%	0.9%	0.10%	0.10%	0.70%
9.00%	TO	9.99%	1.0%	0.10%	0.10%	0.80%
8.00%	TO	8.99%	1.3%	0.10%	0.10%	1.10%
7.00%	TO	7.99%	1.4%	0.10%	0.10%	1.20%
6.00%	TO	6.99%	1.7%	0.10%	0.20%	1.40%
5.00%	TO	5.99%	1.9%	0.10%	0.20%	1.60%
4.00%	TO	4.99%	2.0%	0.10%	0.20%	1.70%
3.00%	TO	3.99%	2.1%	0.10%	0.20%	1.80%
2.00%	TO	2.99%	2.2%	0.10%	0.20%	1.90%
1.00%	TO	1.99%	2.3%	0.10%	0.20%	2.00%
0.00%	TO	0.99%	2.4%	0.10%	0.20%	2.10%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.50%	4.80%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.10%	0.30%	3.00%
3.00%	TO	5.99%	3.4%	0.10%	0.30%	3.00%
6.00%	TO	8.99%	3.5%	0.10%	0.30%	3.10%
9.00%	TO	11.99%	3.5%	0.10%	0.30%	3.10%
12.00%	TO	14.99%	3.6%	0.10%	0.40%	3.10%
15.00%	TO	19.99%	3.6%	0.10%	0.40%	3.10%
20.00%	TO	24.99%	3.7%	0.10%	0.40%	3.20%
25.00%	TO	29.99%	3.7%	0.10%	0.40%	3.20%
30.00%	TO	34.99%	3.8%	0.10%	0.40%	3.30%
35.00%	AND UNDER		5.4%	0.00%	0.00%	5.40%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.50%	4.80%
NEW EMPLOYER RATE			2.8%	0.10%	0.30%	2.40%

WFD WORKFORCE DEVELOPMENT FUND

HCS HEALTH CARE SUBSIDY FUND

UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.10% FOR THE WORKFORCE DEVELOPMENT FUND, AND A FURTHER REDUCTION OF 10% FOR THE HEALTH CARE SUBSIDY FUND.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JANUARY 1, 2000 - JUNE 30, 2000

TABLE A

(.07)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD	HCS	UI
17.00%	AND OVER		0.3%	0.10%	0.00%	0.20%
16.00%	TO	16.99%	0.4%	0.10%	0.00%	0.30%
15.00%	TO	15.99%	0.4%	0.10%	0.00%	0.30%
14.00%	TO	14.99%	0.5%	0.10%	0.00%	0.40%
13.00%	TO	13.99%	0.6%	0.10%	0.00%	0.50%
12.00%	TO	12.99%	0.6%	0.10%	0.00%	0.50%
11.00%	TO	11.99%	0.7%	0.10%	0.00%	0.60%
10.00%	TO	10.99%	0.9%	0.10%	0.10%	0.70%
9.00%	TO	9.99%	1.0%	0.10%	0.10%	0.80%
8.00%	TO	8.99%	1.3%	0.10%	0.10%	1.10%
7.00%	TO	7.99%	1.4%	0.10%	0.10%	1.20%
6.00%	TO	6.99%	1.7%	0.10%	0.10%	1.50%
5.00%	TO	5.99%	1.9%	0.10%	0.10%	1.70%
4.00%	TO	4.99%	2.0%	0.10%	0.10%	1.80%
3.00%	TO	3.99%	2.1%	0.10%	0.10%	1.90%
2.00%	TO	2.99%	2.2%	0.10%	0.10%	2.00%
1.00%	TO	1.99%	2.3%	0.10%	0.20%	2.00%
0.00%	TO	0.99%	2.4%	0.10%	0.20%	2.10%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.40%	4.90%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.10%	0.20%	3.10%
3.00%	TO	5.99%	3.4%	0.10%	0.20%	3.10%
6.00%	TO	8.99%	3.5%	0.10%	0.20%	3.20%
9.00%	TO	11.99%	3.5%	0.10%	0.20%	3.20%
12.00%	TO	14.99%	3.6%	0.10%	0.20%	3.30%
15.00%	TO	19.99%	3.6%	0.10%	0.20%	3.30%
20.00%	TO	24.99%	3.7%	0.10%	0.30%	3.30%
25.00%	TO	29.99%	3.7%	0.10%	0.30%	3.30%
30.00%	TO	34.99%	3.8%	0.10%	0.30%	3.40%
35.00%	AND UNDER		5.4%	0.00%	0.00%	5.40%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.40%	4.90%
NEW EMPLOYER RATE			2.8%	0.10%	0.20%	2.50%

WFD WORKFORCE DEVELOPMENT FUND

HCS HEALTH CARE SUBSIDY FUND

UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.10% FOR THE WORKFORCE DEVELOPMENT FUND, AND A FURTHER REDUCTION OF 7% FOR THE HEALTH CARE SUBSIDY FUND.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JULY 1, 2000 - DECEMBER 31, 2000

TABLE A

(.07)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD	HCS	UI
17.00%	AND OVER		0.3%	0.10%	0.00%	0.20%
16.00%	TO	16.99%	0.4%	0.10%	0.00%	0.30%
15.00%	TO	15.99%	0.4%	0.10%	0.00%	0.30%
14.00%	TO	14.99%	0.5%	0.10%	0.00%	0.40%
13.00%	TO	13.99%	0.6%	0.10%	0.00%	0.50%
12.00%	TO	12.99%	0.6%	0.10%	0.00%	0.50%
11.00%	TO	11.99%	0.7%	0.10%	0.00%	0.60%
10.00%	TO	10.99%	0.9%	0.10%	0.10%	0.70%
9.00%	TO	9.99%	1.0%	0.10%	0.10%	0.80%
8.00%	TO	8.99%	1.3%	0.10%	0.10%	1.10%
7.00%	TO	7.99%	1.4%	0.10%	0.10%	1.20%
6.00%	TO	6.99%	1.7%	0.10%	0.10%	1.50%
5.00%	TO	5.99%	1.9%	0.10%	0.10%	1.70%
4.00%	TO	4.99%	2.0%	0.10%	0.10%	1.80%
3.00%	TO	3.99%	2.1%	0.10%	0.10%	1.90%
2.00%	TO	2.99%	2.2%	0.10%	0.10%	2.00%
1.00%	TO	1.99%	2.3%	0.10%	0.20%	2.00%
0.00%	TO	0.99%	2.4%	0.10%	0.20%	2.10%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.40%	4.90%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.10%	0.20%	3.10%
3.00%	TO	5.99%	3.4%	0.10%	0.20%	3.10%
6.00%	TO	8.99%	3.5%	0.10%	0.20%	3.20%
9.00%	TO	11.99%	3.5%	0.10%	0.20%	3.20%
12.00%	TO	14.99%	3.6%	0.10%	0.20%	3.30%
15.00%	TO	19.99%	3.6%	0.10%	0.20%	3.30%
20.00%	TO	24.99%	3.7%	0.10%	0.30%	3.30%
25.00%	TO	29.99%	3.7%	0.10%	0.30%	3.30%
30.00%	TO	34.99%	3.8%	0.10%	0.30%	3.40%
35.00%	AND UNDER		5.4%	0.00%	0.00%	5.40%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.40%	4.90%
NEW EMPLOYER RATE			2.8%	0.10%	0.20%	2.50%

WFD WORKFORCE DEVELOPMENT FUND

HCS HEALTH CARE SUBSIDY FUND

UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.10% FOR THE WORKFORCE DEVELOPMENT FUND, AND A FURTHER REDUCTION OF 7% FOR THE HEALTH CARE SUBSIDY FUND.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JANUARY 1, 2001 - JUNE 30, 2001

TABLE A

(.00)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD	HCS	UI
17.00%	AND OVER		0.3%	0.10%	0.00%	0.20%
16.00%	TO	16.99%	0.4%	0.10%	0.00%	0.30%
15.00%	TO	15.99%	0.4%	0.10%	0.00%	0.30%
14.00%	TO	14.99%	0.5%	0.10%	0.00%	0.40%
13.00%	TO	13.99%	0.6%	0.10%	0.00%	0.50%
12.00%	TO	12.99%	0.6%	0.10%	0.00%	0.50%
11.00%	TO	11.99%	0.7%	0.10%	0.00%	0.60%
10.00%	TO	10.99%	0.9%	0.10%	0.00%	0.80%
9.00%	TO	9.99%	1.0%	0.10%	0.00%	0.90%
8.00%	TO	8.99%	1.3%	0.10%	0.00%	1.20%
7.00%	TO	7.99%	1.4%	0.10%	0.00%	1.30%
6.00%	TO	6.99%	1.7%	0.10%	0.00%	1.60%
5.00%	TO	5.99%	1.9%	0.10%	0.00%	1.80%
4.00%	TO	4.99%	2.0%	0.10%	0.00%	1.90%
3.00%	TO	3.99%	2.1%	0.10%	0.00%	2.00%
2.00%	TO	2.99%	2.2%	0.10%	0.00%	2.10%
1.00%	TO	1.99%	2.3%	0.10%	0.00%	2.20%
0.00%	TO	0.99%	2.4%	0.10%	0.00%	2.30%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.00%	5.30%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.10%	0.00%	3.30%
3.00%	TO	5.99%	3.4%	0.10%	0.00%	3.30%
6.00%	TO	8.99%	3.5%	0.10%	0.00%	3.40%
9.00%	TO	11.99%	3.5%	0.10%	0.00%	3.40%
12.00%	TO	14.99%	3.6%	0.10%	0.00%	3.50%
15.00%	TO	19.99%	3.6%	0.10%	0.00%	3.50%
20.00%	TO	24.99%	3.7%	0.10%	0.00%	3.60%
25.00%	TO	29.99%	3.7%	0.10%	0.00%	3.60%
30.00%	TO	34.99%	3.8%	0.10%	0.00%	3.70%
35.00%	AND UNDER		5.4%	0.00%	0.00%	5.40%
SPECIAL ASSIGNED RATE			5.4%	0.10%	0.00%	5.30%
NEW EMPLOYER RATE			2.8%	0.10%	0.00%	2.70%

WFD WORKFORCE DEVELOPMENT FUND

HCS HEALTH CARE SUBSIDY FUND

UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.10% FOR THE WORKFORCE DEVELOPMENT FUND, AND EFFECTIVE 1/01/01, THERE IS NO FURTHER REDUCTION FOR THE HEALTHCARE SUBSIDY FUND.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JULY 1, 2001 - DECEMBER 31, 2001

TABLE A

(.00)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD/SWF*	HCS	UI
17.00%	AND OVER		0.3%	0.1175%	0.0000%	0.1825%
16.00%	TO	16.99%	0.4%	0.1175%	0.0000%	0.2825%
15.00%	TO	15.99%	0.4%	0.1175%	0.0000%	0.2825%
14.00%	TO	14.99%	0.5%	0.1175%	0.0000%	0.3825%
13.00%	TO	13.99%	0.6%	0.1175%	0.0000%	0.4825%
12.00%	TO	12.99%	0.6%	0.1175%	0.0000%	0.4825%
11.00%	TO	11.99%	0.7%	0.1175%	0.0000%	0.5825%
10.00%	TO	10.99%	0.9%	0.1175%	0.0000%	0.7825%
9.00%	TO	9.99%	1.0%	0.1175%	0.0000%	0.8825%
8.00%	TO	8.99%	1.3%	0.1175%	0.0000%	1.1825%
7.00%	TO	7.99%	1.4%	0.1175%	0.0000%	1.2825%
6.00%	TO	6.99%	1.7%	0.1175%	0.0000%	1.5825%
5.00%	TO	5.99%	1.9%	0.1175%	0.0000%	1.7825%
4.00%	TO	4.99%	2.0%	0.1175%	0.0000%	1.8825%
3.00%	TO	3.99%	2.1%	0.1175%	0.0000%	1.9825%
2.00%	TO	2.99%	2.2%	0.1175%	0.0000%	2.0825%
1.00%	TO	1.99%	2.3%	0.1175%	0.0000%	2.1825%
0.00%	TO	0.99%	2.4%	0.1175%	0.0000%	2.2825%
SPECIAL ASSIGNED RATE			5.4%	0.1175%	0.0000%	5.2825%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.1175%	0.0000%	3.2825%
3.00%	TO	5.99%	3.4%	0.1175%	0.0000%	3.2825%
6.00%	TO	8.99%	3.5%	0.1175%	0.0000%	3.3825%
9.00%	TO	11.99%	3.5%	0.1175%	0.0000%	3.3825%
12.00%	TO	14.99%	3.6%	0.1175%	0.0000%	3.4825%
15.00%	TO	19.99%	3.6%	0.1175%	0.0000%	3.4825%
20.00%	TO	24.99%	3.7%	0.1175%	0.0000%	3.5825%
25.00%	TO	29.99%	3.7%	0.1175%	0.0000%	3.5825%
30.00%	TO	34.99%	3.8%	0.1175%	0.0000%	3.6825%
35.00%	AND UNDER		5.4%	0.0000%	0.0000%	5.4000%
SPECIAL ASSIGNED RATE			5.4%	0.1175%	0.0000%	5.2825%
NEW EMPLOYER RATE			2.8%	0.1175%	0.0000%	2.6825%

WFD/SWF WORKFORCE DEVELOPMENT/SUPPLEMENTAL WORKFORCE FUNDS

HCS HEALTH CARE SUBSIDY FUND

UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.1000 % FOR THE WORKFORCE DEVELOPMENT FUND, AND A FURTHER REDUCTION OF 0.0175% FOR THE SUPPLEMENTAL WORKFORCE FUND.

UNEMPLOYMENT INSURANCE CONTRIBUTION RATES*
JANUARY 1, 2002 - JUNE 30, 2002

TABLE A

(.00)			CURRENT	CONVERTED		
POSITIVE RESERVE RATIO			RATE	WFD	SWAF	UI
17.00%	AND OVER		0.3%	0.1000%	0.0175%	0.1825%
16.00%	TO	16.99%	0.4%	0.1000%	0.0175%	0.2825%
15.00%	TO	15.99%	0.4%	0.1000%	0.0175%	0.2825%
14.00%	TO	14.99%	0.5%	0.1000%	0.0175%	0.3825%
13.00%	TO	13.99%	0.6%	0.1000%	0.0175%	0.4825%
12.00%	TO	12.99%	0.6%	0.1000%	0.0175%	0.4825%
11.00%	TO	11.99%	0.7%	0.1000%	0.0175%	0.5825%
10.00%	TO	10.99%	0.9%	0.1000%	0.0175%	0.7825%
9.00%	TO	9.99%	1.0%	0.1000%	0.0175%	0.8825%
8.00%	TO	8.99%	1.3%	0.1000%	0.0175%	1.1825%
7.00%	TO	7.99%	1.4%	0.1000%	0.0175%	1.2825%
6.00%	TO	6.99%	1.7%	0.1000%	0.0175%	1.5825%
5.00%	TO	5.99%	1.9%	0.1000%	0.0175%	1.7825%
4.00%	TO	4.99%	2.0%	0.1000%	0.0175%	1.8825%
3.00%	TO	3.99%	2.1%	0.1000%	0.0175%	1.9825%
2.00%	TO	2.99%	2.2%	0.1000%	0.0175%	2.0825%
1.00%	TO	1.99%	2.3%	0.1000%	0.0175%	2.1825%
0.00%	TO	0.99%	2.4%	0.1000%	0.0175%	2.2825%
SPECIAL ASSIGNED RATE			5.4%	0.1000%	0.0175%	5.2825%
DEFICIT RESERVE RATIO (CR)						
0.00%	TO	2.99%	3.4%	0.1000%	0.0175%	3.2825%
3.00%	TO	5.99%	3.4%	0.1000%	0.0175%	3.2825%
6.00%	TO	8.99%	3.5%	0.1000%	0.0175%	3.3825%
9.00%	TO	11.99%	3.5%	0.1000%	0.0175%	3.3825%
12.00%	TO	14.99%	3.6%	0.1000%	0.0175%	3.4825%
15.00%	TO	19.99%	3.6%	0.1000%	0.0175%	3.4825%
20.00%	TO	24.99%	3.7%	0.1000%	0.0175%	3.5825%
25.00%	TO	29.99%	3.7%	0.1000%	0.0175%	3.5825%
30.00%	TO	34.99%	3.8%	0.1000%	0.0175%	3.6825%
35.00%	AND UNDER		5.4%	0.0000%	0.0000%	5.4000%
SPECIAL ASSIGNED RATE			5.4%	0.1000%	0.0175%	5.2825%
NEW EMPLOYER RATE			2.8%	0.1000%	0.0175%	2.6825%

SWAF SUPPLEMENTAL WORKFORCE ACTIVITIES FUND
WFD WORKFORCE DEVELOPMENT FUND
HCS HEALTH CARE SUBSIDY FUND
UI UNEMPLOYMENT INSURANCE

*TABLE SHOWS THE REDUCTION OF 0.10% FOR THE WORKFORCE DEVELOPMENT FUND, AND A FURTHER REDUCTION OF 0.0175% FOR THE SUPPLEMENTAL WORKFORCE ACTIVITIES FUND.

Voluntary Contributions

At the beginning of each fiscal year any employer whose rate is based on experience is given the opportunity to make a voluntary payment to increase his Reserve Ratio, thereby lowering his unemployment tax rate. This can be done through the use of Form UC-45, "Voluntary Contribution Report," which is mailed with the Form AC-174.1, "Notice of Employer Contribution Rates," provided that the remittance is received within 30 days of the mailing date of the notice and the employer meets the requirements as stated therein. Voluntary contributions apply only to the employer unemployment insurance rate.

Benefit Charges to Employer Accounts

When unemployment insurance benefits are paid to a claimant, a charge equal to the amount of benefits is made to the account of the employer for whom the individual worked. If the claimant worked for more than one employer during the period on which his benefits are based, each base year employer is charged for each benefit payment in proportion to the amount of wages that the employer paid the claimant during the base year to total wages received during that period. That is, under proportional charging, all base year chargeable employers share in the cost of each week of benefit payments.

The employer is notified of these charges quarterly on Form B-187Q, "Unemployment Benefits Charged to Experience Rating Account." It is suggested that employers check these listings carefully with their payroll records to help prevent incorrect charges and improper benefit payments.

When a claimant is determined to be ineligible for or disqualified from unemployment benefits, no associated costs for benefit payments should be reflected on his/her chargeable employer's (or employers') B-187Q notice(s) for the period of ineligibility or disqualification. However, if a claimant is separated from employment by either a chargeable base year employer or a nonchargeable lag period employer due to voluntary leaving, misconduct or gross misconduct, he/she may become eligible for benefits by fulfilling legally prescribed criteria for removal of these disqualifications. Effective January 4, 1998, an amendment to the New Jersey Unemployment Compensation Law provides for the relief of charges to a contributory employer's experience rating account when an individual's separation from employment is for reasons that are disqualifying under the law. Thus, even though an individual may overcome an imposed disqualification or a potential disqualification, and is entitled to receive unemployment benefits, the employer's account will not be charged for the benefits that occur subsequent to the disqualifying separation. (Refer to Chapter II, Section 2, "Relief of Benefit Charges For Disqualifying Separations.")

When the relevant criterion is met in cases involving voluntary leaving or misconduct separation issues, the chargeable employer(s) is (are) notified in writing of the claimant's potential eligibility for benefits. The cost of any subsequently paid benefits will appear on B-187Q notices mailed to the claimant's chargeable employer(s). Because a disqualification due to gross misconduct involves the immediate cancellation of wage credits earned with the employer prior to the date of discharge, the employer's account will not be charged for benefits which are compensable after the claimant requalifies.

Employer Disability Insurance Rate

An employer's disability tax rate is computed in a manner similar to the unemployment rate. A "reserve ratio" system is used incorporating (1) the employer's Excess or Deficit Reserve Balance Percentage, and (2) the condition of the State Disability Benefits Fund.

Excess or Deficit Reserve Balance Percentage

A record is maintained for each employer showing the State Plan disability benefits charged, contributions paid (both employer and worker) and taxable wages. The benefits are subtracted from the contributions to yield the Reserve Balance.

CONTRIBUTIONS (EMPLOYER & WORKER) — BENEFITS CHARGED = RESERVE BALANCE

The contributions are those paid as of January 31. The benefits charged are those paid to claimants as of December 31.

The Reserve Balance is reduced by \$500.00 and then divided by the average annual taxable wages (for the last three or five years, whichever is higher) to give the Excess or Deficit Reserve Balance Percentage.

$$\frac{\text{RESERVE BALANCE (reduced by \$500.00)}}{\text{AVERAGE ANNUAL TAXABLE WAGES (Last 3 or 5 years)}} = \text{EXCESS OR DEFICIT RESERVE BALANCE PERCENTAGE}$$

This percentage will determine the preliminary rate, as shown in the table below:

Excess or Deficit Reserve Balance Percentage	Preliminary Rate
1.50% or more	0.10%
1.25% to 1.49%	0.15%
1.01% to 1.24%	0.20%
1.00% or less	0.25%
0.24% CR less	0.35%
0.25% CR to 0.49% CR	0.45%
0.50% CR to 0.74% CR	0.55%
0.75% CR to 0.99% CR	0.65%
1.00% CR or more	0.75%

The Excess or Deficit Reserve Percentage is not calculated if:

1. There were one or more years during the past three years in which no contributions were paid to the fund, or
2. The Excess or Deficit Reserve Balance is \$500.00 or less. The preliminary rate assigned under (1) is 0.50% and under (2) is 0.25%.

Adjustment of Preliminary Rate

The law provides that an employer's preliminary rate cannot be 0.20% higher nor 0.10% lower than the unadjusted preliminary rate for the prior fiscal year. The preliminary rate is adjusted according to this provision except when the basic rate of 0.50% has been assigned, in which case no adjustment is made.

State Disability Benefits Fund

An employer's disability rate can be further modified according to the condition of the State Disability Benefits Fund. Depending on the size of the fund reserve percentage, rates can be raised, lowered or remain unchanged.

Disability Benefits Charges

Unlike unemployment benefits charging, if there were more than one subject employer within a State Plan disability claim's base year, in most cases a charge equal to the amount of disability benefits paid is made only to the account of the claimant's most recent subject employer.

The employer is notified of State Plan benefit charges by means of Form DS-7CR2, "Notice of Disability Benefits Charged or Credited."

Transfer of Experience Rating

When the entire organization, trade or business, or substantially all the assets of an employer subject to the law are acquired by another entity, the unemployment tax rate of the acquired entity is transferred to the new employer. This transfer is automatic unless a written protest is made within four (4) months of the date of acquisition. A written protest can be made by completing Question 3 of the NJ-Reg., which must be filed with the Division of Revenue. You cannot protest the transfer of the unemployment tax rate if the acquiring and acquired entities are owned and controlled by the same interests.

When acquiring another employing enterprise, in whole or in part, the employer is required to notify the Employer Status Section, of the Division of Employer Accounts.

There are other changes in legal entity which have the same effect as though there had been an actual change in ownership from one individual to another. A change of legal entity occurs when a business becomes incorporated, a sole ownership becomes a partnership or a corporation or if a partnership adds or changes a partner, etc. Whenever there is such a change, the Employer Status Section within the Division of Employer Accounts should be notified immediately.

Worker Contribution Refunds

If, as a result of employment with two or more employers during a calendar year, a worker had deducted from his/her wages more than the maximum annual contribution amounts for unemployment, temporary disability insurance, Workforce Development, and Health Care Subsidy purposes, he/she may obtain credit for the excess contributions on his/her New Jersey income tax return. To claim this credit, the worker should obtain Form NJ-2450, "Employee's Claim for Credit for Excess Unemployment and Disability Contributions," from the State's Division of Taxation. The completed Form NJ-2450 should be filed with his/her New Jersey Gross Income Tax return. It should be noted that non-New Jersey residents who do not file New Jersey Income Tax returns should file refund Forms UC-9A and UC-52 directly with the Division of Employer Accounts.

NOTE: W-2 forms, used by the Division of Taxation to document the payment of excess contributions, must include the employer's New Jersey taxpayer identification number, must show separately the worker's contribution amounts for unemployment and temporary disability insurance, for the tax year, and, if appropriate, the number of the approved Private Plan for disability insurance.

Section 6

REIMBURSEMENT OPTION-SPECIAL NOTES FOR NONPROFIT ORGANIZATIONS

Nonprofit organizations which are exempt under 501 (c) (3) of the Internal Revenue Code may pay unemployment contributions on taxable wages on a quarterly basis or, in lieu thereof, may elect to reimburse the Unemployment Trust Fund for benefits paid. Worker contributions are to be deducted at the rates indicated on pages 21 and 22, for the Health Care Subsidy Fund, Unemployment Insurance Trust Fund, and the Workforce Development Partnership Fund and forwarded to the Department of Labor with the quarterly reports.

A newly subject nonprofit organization that elects to reimburse the Fund for benefits paid must file with the Division of Employer Accounts written notice of its intention within 120 days of the day on which subject status is attained, or not later than 30 days from the date on which such organization is notified of its subjectivity, whichever is later. Nonprofit organizations on a contributions schedule may change to a reimbursement basis by filing a written notice to that effect with the Division of Employer Accounts not later than February 1 of any calendar year. Elections to reimburse will be effective for a period of not less than two calendar years.

Two or more employers who are liable for reimbursement of the benefit costs in lieu of contributions may apply for the establishment of a "group account" for the purpose of sharing the cost of benefits paid.

Nonprofit organizations that elect to reimburse the Fund for benefit payments will be required to furnish proof of financial responsibility or file a surety bond with the Department. The amount of the bond or deposit shall not exceed the amount derived by multiplying the organization's taxable wages for the preceding calendar year, or the estimated taxable wages for the ensuing year, whichever is greater, by the maximum unemployment insurance contribution rate in effect at the beginning of the calendar year for which the bond or deposit is required (currently 5.4 percent).

Nonprofit organizations or groups thereof which have elected to make reimbursements of costs for benefits paid which are attributable to base year wages earned during the reimbursement election period are billed on a quarterly basis.

A nonprofit organization may file a written notice terminating its election, not later than February 1 of any calendar year with respect to which the termination is to become effective.

If an election for reimbursement is terminated by a nonprofit organization or cancelled by the Division of Employer Accounts, the nonprofit organization remains liable for the reimbursement of all benefits paid which were based on wages earned in the employ of the nonprofit organization during the effective period of the election.

As of the effective date of the termination of an election for reimbursement, a nonprofit organization will become liable to pay unemployment insurance contributions on taxable wages paid to its employees subsequent to the termination. Its contribution rate beginning with the first July 1 in the period following the termination will be assigned in accordance with the experience rating provision of the law, except that:

1. The benefit charges to its account which are attributable to base year services during the effective period of the election will not be included in the total benefit charges to its account in the calculation of its reserve balance for determining its rate.
2. Its average annual payroll will be determined without inclusion of any of the wages paid in any calendar year during which its election for reimbursement was effective for any part of the calendar year.
3. The period during which the election for reimbursement was effective will not be included in calculating the period of eligibility for modification of its rate.
4. For the period from the date of termination to July 1 following termination, a rate of 1% will be assigned for contributions under the Unemployment Compensation Law.

NOTE: The reimbursement option is not available for temporary disability contributions.

Section 7

AUDIT PROCESS

The following explanations address frequently asked questions from employers who receive notice of a New Jersey Unemployment Compensation (UC) audit. This information will assist you when preparing for the audit and let you know what to expect during and after the audit.

WHY DOES THE N.J. DIVISION OF EMPLOYER ACCOUNTS PERFORM AUDITS?

The United States Department of Labor requires the State to implement a comprehensive field audit program as an efficient means of ensuring compliance with the New Jersey Unemployment Compensation law and the timely collection of taxes on an equitable basis. Audits are performed to verify your reported payroll and exclusions taken for UC purposes, to ensure that benefits have been charged correctly to your account, and to answer any questions you may have regarding the UC law.

WHY WAS I SELECTED FOR AUDIT?

Each year, several thousand employers are selected for audit. Some employers are selected randomly from the entire list of employers covered under the New Jersey UC law to verify that wages are being reported correctly. Others are selected to resolve report delinquencies or benefit claims (both unemployment and temporary disability). If you are not currently covered under New Jersey UC law, an audit may be performed to determine if you should be a covered employer for UC purposes. The auditor can tell you specifically why you were selected.

HOW MUCH TIME WILL THIS AUDIT TAKE?

The length of time depends on the size of the employer, the condition of the employer's records, and questionable issues or problems encountered, if any. Some audits take from two to four hours while others may take longer. The auditor will be able to answer this question for you.

WHAT IF I CANNOT PROVIDE RECORDS ON THE SCHEDULED AUDIT DATE?

Contact the auditor immediately by calling him or her at the telephone number listed on the scheduling letter. We will reschedule the audit if necessary. Please provide the auditor with several alternate dates when you will be available so that rescheduling can be done promptly.

MUST I BE AVAILABLE AT THE TIME OF THE AUDIT?

You may designate a representative to provide the records to the auditor. That individual should understand your records and be able to answer questions. Your designated representative may be your accountant, bookkeeper or other responsible individual.

WHAT PERIOD OF TIME WILL THE AUDIT COVER?

Usually, the audit will cover one calendar year unless issues are discovered that could affect other years. The scheduling letter lists the time period for which records must be provided. If the audit is not expanded beyond the one year period, it may not be necessary for the auditor to examine the records of other years.

However, have all requested records available for all years in case they are needed. Records must be retained and readily accessible at the New Jersey place of business for the current calendar year and for the four preceding calendar years per N.J.A.C. 12:16-2.4a.

WHAT RECORDS WILL THE AUDITOR EXAMINE?

The records to be examined are listed in the scheduling letter. Not all employers maintain all these records, but those you do maintain must be made available to the auditor.

These include, but are not limited to: payroll records, cash disbursements records, or check books and canceled checks, Federal and State tax reports, financial statements, general ledger, corporate minutes book, Form W-3 Transmittal with Forms W-2, and Form 1096 Transmittal with Forms 1099.

Furthermore, payments to individuals for personal services will be scrutinized for proper classification as an "independent contractor" or "employee." Have the following information available for the auditor's examination: invoices, contracts, agreements, advertisements, business licenses, business telephone listings, business cards and stationery, and the address and telephone listing for each individual receiving such payments.

WHY IS THE AUDITOR EXAMINING RECORDS AND DOCUMENTS IN ADDITION TO PAYROLL RECORDS?

The auditor must examine a variety of records and documents to verify that payroll was correctly reported for UC purposes. Payments for personal services are made differently, and through different accounts, from employer to employer. The auditor is required to scrutinize all records which may show payments to individuals for personal services, and determine if these payments have been properly classified.

CAN I REFUSE TO PROVIDE RECORDS TO THE AUDITOR?

New Jersey UC law (N.J.S.A. 43:21-11(g) and N.J.A.C. 12:16-2) requires employers to provide records to the auditor for examination. If you refuse to do so, the records can be subpoenaed. The same law declares that all records, reports and other information obtained from employers shall be held confidential.

WHEN WILL I KNOW THE AUDIT RESULTS?

The auditor will discuss the results before leaving your place of business or the location at which the audit is conducted. If the audit is not complete at that time or you are not available, the auditor will meet with you, if practicable, or contact you later to discuss the results. An "Exit Letter" will be sent to the employer or representative, also.

If required, the auditor will provide you a summary of any audit adjustments with Contribution Reports for signature and the payment due thereon.

WHAT IF I DON'T AGREE WITH THE AUDIT RESULTS?

You will be contacted by the auditor's immediate supervisor to discuss the audit results. If possible, we will clarify and resolve issues at this time. However, this may not always be possible. Thereafter, you will receive a Chief Auditor's Notice of Employer Liability with a "Request for Hearing" form.

To appeal the auditor's determination, you must make a written request for a hearing on the prescribed form within 30 days after the date of the notice, providing your reasons for disputing the determination, and return the request to the Chief Auditor.

WHAT IF I AM UNABLE TO PAY THE MONIES DUE?

Any contributions, interest, and penalty due must be paid. If you are unable to make full payment immediately, an installment arrangement can be initiated with the auditor. Interests will continue to accrue on the unpaid balance of the contributions.

WILL I OWE ADDITIONAL TAXES TO THE I.R.S.?

In certain situations, audit results are shared with the Federal government, such as, the certification of wages for Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, that you file each year. You should contact the I.R.S. or your accountant to determine if you are liable for any additional taxes.

WHY ARE YOU AUDITING ME WHEN I DON'T HAVE ANY EMPLOYEES? I ONLY PAY INDEPENDENT CONTRACTORS OR SUBCONTRACTORS!

Under the New Jersey UC law, individuals receiving payment for personal services are presumed to be your employees unless it is determined that the services are either exempt by law or such services satisfy the three provisions of N.J.S.A. 43:21-19(i)(6), known as the "ABC" test.

The auditor must determine that all three test requirements are satisfied for each individual. These tests are listed in Section 3 on page 14. The auditor will answer your questions regarding the application of the "ABC" test.

WHAT IF I HAVE OTHER QUESTIONS REGARDING THE AUDIT?

You can contact the auditor directly at the telephone number on the scheduling letter, or ask to speak with the auditor's supervisor.

Section 8

TEMPORARY DISABILITY INSURANCE ASSESSMENTS

There are several yearly assessments for which employers who are subject to the Temporary Disability Benefits Law are liable:

1. An assessment to offset a year ending deficit in excess of \$200,000.00 in the Unemployment Disability Account. All employers covered by the law or their indemnified insurers are liable for this assessment.
2. An assessment to cover the Department's administrative cost of maintaining separate disability benefit accounts for employers required to contribute to the State Disability Benefits Fund. Employers covered under the State Plan are liable for this assessment.
3. An assessment to cover the Department's administrative cost of supervision and operation of approved private plans. Employers with approved private plans or their indemnified insurers are liable for this assessment.
4. An assessment to cover the Catastrophic Illness, Right to Know and Pollution Prevention Control. These assessments are billed together on an annual basis. All New Jersey employers are billed \$1.00 for each employee for the Catastrophic Illness Fund. Only specific employers (based upon their SIC codes) are billed \$2.00 per employee for the Right to Know Fund (minimum bill is \$50), and \$2.00 per employee for the Pollution Prevention Control Fund.

CHAPTER II, UNEMPLOYMENT AND DISABILITY INSURANCE BENEFITS

Section 1

NOTIFICATION TO THE DIVISION

You must notify the Division of Unemployment Insurance, at the nearest unemployment insurance unit in a Workforce NJ One-Stop Career Center if:

1. You anticipate a mass separation of your workers (that is, 25 or more workers to be laid off for a period of seven days or more). Such notice should be given 48 hours prior to the layoff.
2. A stoppage of work has occurred because of a labor dispute. The notice should state the details and number of workers involved, and should be given immediately after the start of the work stoppage.
3. You recall to work a person who you had been notified had filed a claim for unemployment insurance and that person fails to report to work.

Worker Adjustment and Retraining Notification (WARN)

Basic requirements pursuant to WARN legislation, provides protection to workers, their families, and communities by requiring employers to provide notification 60 calendar days in advance of plant closings or mass layoffs. WARN also provides for notice to State Dislocated Worker units so that dislocated worker assistance can be promptly provided. Notification and questions shall be made to:

The New Jersey Department of Labor Response Team
Dislocated Worker Unit
PO Box 933
Trenton, New Jersey 08625-0933
Telephone: (800) 343-3919

Filing Claims for Temporary Mass Layoffs

The Division has instituted a program designed to help employers reduce the cost of processing temporary mass layoff claims for initial or additional unemployment benefits, by enlisting employers' assistance early in the claims process.

This allows the employer to better plan for temporary mass separations (e.g., vacations, inventory control, etc.) through increased coordination of activities with the state agency. The program also assists employers in maintaining an experienced workforce during periods of layoff and reduces the inconveniences placed on affected employees who expect to return to their employer after a brief and specific period of unemployment.

For further information, please contact the Account Executive located nearest you:

Passaic - (973) 916-2667
Trenton - (609) 292-8879
Vineland - (856) 696-6433

Section 2

CLAIMS AND BENEFITS FOR UNEMPLOYMENT INSURANCE

Under the Unemployment Compensation Law, you are required to pay unemployment insurance taxes and to furnish the Division of Unemployment Insurance with certain information about your employees if they file claims for benefits. All information you give to the Division is confidential and privileged. You should be familiar with the provisions of the law relating to basic and continuing qualifications for benefits and to the amount of money a claimant may receive.

It is important that you provide your separated employees with a Form BC-10, "Instructions for Claiming Unemployment Benefits," showing your correct name, your New Jersey Employer Identification Number, and the address to which a request for information should be mailed. Supplies of this separation notice can be obtained by contacting the Bureau of Program Services and Standards at (609) 292-2347.

Basic Eligibility Requirements

The primary purpose of the Unemployment Compensation Law is to provide some income to an unemployed person in the interval between one period of employment and another. The amount of unemployment insurance benefits that a claimant is potentially eligible to receive is directly related to his/her actual earnings during the base year (see below for base year definition). To be monetarily eligible for benefits, the claimant must have had wages in covered employment in each of 20 base weeks or, in the alternative, have earned during the base period, a specific dollar amount or more in remuneration.

On January 29, 2001, Chapter 17, P.L. 2001, an act modifying certain New Jersey unemployment and disability insurance benefit eligibility requirements, was signed into law. The new law simplifies the basic eligibility requirements. Effective January 1, 2001, the base week amount is equal to 20 times the state hourly minimum wage (\$103 in 2002), and the alternate earnings test is equal to 1,000 times the state hourly minimum wage (\$5,200 in 2002). Previously, the base week amount and the alternate earnings test were tied to the Statewide Average Weekly Wage (the base week amount was equal to 20% of the SAWW; the alternate earnings test was equal to 12 times the SAWW) and were recalculated annually. The new legislation ties the base week amount and the alternate earnings test to the state hourly minimum wage and will change only if the state minimum hourly wage changes.

In addition, in order to be entitled to receive benefits for any week claimed, the claimant must not be subject to any of the disqualification or ineligibility conditions listed on pages 43 and 44.

Filing of Claims

When a person becomes unemployed and files a claim for benefits, his/her monetary eligibility is determined by the wage information available in our central computer. The wage information is submitted quarterly by employers via Form WR-30, "Employer Report of Wages Paid." The claimant's BASE YEAR period is established at this time. The regular BASE YEAR is defined as the FIRST FOUR of the LAST FIVE completed CALENDAR QUARTERS. All claims are initially tested for monetary validity using this regular base year period. The wages compensating this four-quarter period form the basis for the computation of benefit credit. The chart on the next page lists the CALENDAR QUARTERS and the corresponding BASE YEAR for claims dated between January 2002 and June 2003:

If the claim is dated in:	The claim is based on employment from:
January 2002 February 2002 March 2002	October 1, 2000 to September 30, 2001
April 2002 May 2002 June 2002	January 1, 2001 to December 31, 2001
July 2002 August 2002 September 2002	April 1, 2001 to March 31, 2002
October 2002 November 2002 December 2002	July 1, 2001 to June 30, 2002
January 2003 February 2003 March 2003	October 1, 2001 to September 30, 2002
April 2003 May 2003 June 2003	January 1, 2002 to December 31, 2002

There are two alternative base year periods which can be used to determine monetary eligibility on claims originally determined invalid under the regular base year period. Alternative Base Year #1 consists of the four most recently completed calendar quarters preceding the date of claim, and Alternative Base Year #2 consists of the three most recently completed calendar quarters preceding the date of claim and weeks in the filing quarter up to the date of the claim. Alternative Base Year #2 can be used only when the claim is still invalid after testing validity using the Regular and Alternative #1 base years.

As soon as a claim is filed, all of the claimant's base year employers are notified of the Division's initial monetary determination on the Form BC-3E, BC-2/3W or BC-2/3Q, "Notice to Employer of Monetary Determination." Forms BC-2/3W and BC-2/3Q must be completed and returned to the address shown on the form. Form BC-3E.1, "Request for Separation Information," attached to Form BC-3E, must be completed and returned to the Division only if:

- (1) the claimant was separated for other than lack of work;
- (2) the claimant is receiving a company pension;
- (3) the claimant received wages for a period after his/her last day of work (e.g., vacation pay, severance pay, payment in lieu of notice, etc.);
- (4) the claimant's separation is temporary, and the claimant has a definite date of recall.

NOTE: If the claimant worked for you only during the lag period, i.e., the calendar quarter in which he/she filed a new claim and the immediately preceding calendar quarter, the Division will send you a Form BC-28, "Request for Separation Information." You are required to complete this form in accordance with the instructions provided and return it within ten days from the date of mailing.

It is important to give complete details as to the reason a person is no longer in your employ when so requested. The Division will determine, from the facts you report concerning the separation, whether or not the claimant is eligible to receive benefits. The information you provide may also be used to determine if you should be relieved of charges to your experience rating account. See page 44, "Relief of Benefit Charges for Disqualifying Separations."

Amount of Benefits

MAXIMUM WEEKLY BENEFIT RATE - The maximum weekly benefit rate payable is $56 \frac{2}{3}$ percent of the statewide average weekly wage paid to workers by employers subject to the law. The statewide average wage is determined by the Commissioner of Labor on or before September 1 in each year based on the wages paid during the preceding calendar year, and is effective for benefit years started in the following calendar year. The maximum weekly benefit rate payable to claimants whose benefit years begin in 2002 is \$475.

WEEKLY BENEFIT RATE - The amount payable each week is computed individually on the basis of the claimant's average weekly wage in the base year. Each claimant is to be paid 60 percent of his/her average weekly wage, subject to the maximum, as explained above. A claimant who did not earn sufficient wages in his/her base year to receive the maximum weekly benefit rate payable may collect dependency benefits. Dependency benefits are payable at 7 percent of the claimant's weekly benefit rate for the first dependent and 4 percent for each of the next two dependents, provided that the claimant's spouse is unemployed during the week in which the claim is established.

"Dependent" means an individual who is unemployed during the calendar week in which the claimant files an initial or transitional claim, and is the claimant's:

- (1) Spouse, that is, a person to whom the claimant is legally married; or
- (2) Dependent unmarried child, that is, son, daughter, stepson, stepdaughter, legally adopted son or legally adopted daughter under the age of 19, or under the age of 22 and attending an educational institution as defined in the law.

MAXIMUM BENEFIT AMOUNT - The total benefits which may be paid is an amount equal to three fourths of the number of the claimant's base weeks times the claim weekly benefit rate. However, maximum total benefits cannot exceed 26 times the weekly benefit rate in any benefit year.

PARTIAL BENEFITS - Individuals who work less than full time due to lack of work may be eligible for partial benefits. To be eligible for partial benefits, the individual must not be employed for more than 80% of the normal hours worked in the occupation. The partial weekly benefit amount payable is computed by subtracting the claimant's gross wages (fractional part of a dollar omitted) for the week claimed from 120 percent of the claimant's weekly benefit rate. The partial benefit amount is computed to the next lower dollar, if not already a multiple thereof.

Pensions

Federal legislation which became effective April 1, 1980, required that the total amount of pensions, including Social Security retirement payments, be offset against unemployment compensation benefits. Subsequent amendments to the federal law permitted states to ease offset provisions.

Accordingly, effective January 1, 1981, under the plan adopted by New Jersey, if the base year employer and worker contributed to the cost of the pension, the unemployment insurance payment will be reduced by an amount equal to half of the pension amount. If a base year employer paid the entire cost, the full pension payment will be deducted. However, if the worker paid the whole cost of the pension, no deduction will be made. Effective November 21, 1993, the N.J. administrative code (N.J.A.C. 12:17-8) was amended to eliminate the offset of unemployment benefits by social security pension income.

Wage Requests

Form BC-2WR, BC-2WR.1 or BC-2WR.2, "Request for Wage and Separation Information," will be sent to you only if:

- (1) the Division has no record of receiving your quarterly wage information for the named claimant on a properly completed Form WR-30, "Employer Report of Wages Paid," or
- (2) weekly wage information (instead of quarterly wage information) is needed to determine a

claimant's benefit entitlement or,

- (3) alternative base week amounts or base year periods must be used to test monetary eligibility.

Form BC-2/3W or Q, "Notice To Employer of Monetary Determination and Request for Wage and Separation Information," will be sent to notify you that an invalid claim was filed and to request wage information for alternative base year periods/base week amounts.

In all cases, you must report all wages earned in the base year specified. This includes regular pay, overtime, holiday pay, sick pay and back pay awards. The Division will specify on the request that is sent to you the exact beginning and ending dates of that period.

The law provides that if you fail to return the request within the ten days from the date of mailing thereon, you will be subject to an INITIAL penalty of \$25 for each report not submitted within ten days of the request and to an ADDITIONAL \$25 penalty for the next ten-day period of noncompliance.

Additional Claims for Benefits

There are times when a person reopens a claim. This occurs when a claimant returns to work and becomes unemployed again within 52 weeks from the date of the original claim. When a claim is reopened, the Division must obtain information from his/her most recent employer(s) on Form BC-28, "Request for Separation Information," as to why the individual is no longer working. If you know of any information that might affect the payment of the reopened claim, you are required by law to report this information when you receive such a request. The Division can approve or deny a claim only on established facts.

Disqualification/Ineligibility Conditions

There are certain conditions under which a claimant may be disqualified from receiving unemployment insurance benefits. These reasons and the penalties involved are listed below:

- (1) Voluntarily leaving work without good cause attributable to such work. The claimant is disqualified for the week in which the quit occurs and for each week thereafter until he/she has earned in employment at least six times the claim's weekly benefit rate in at least four weeks of employment. If the claimant is subsequently separated from this employer for other than lack of work, a new determination will be made.
- (2) Discharge for misconduct connected with the work. The claimant is disqualified for the week in which the misconduct occurs and for the five weeks which immediately follow such week.
- (3) Discharge for gross misconduct connected with the work, i.e., a work-related act punishable as a crime of the first, second, third or fourth degree under the New Jersey Code of Criminal Justice. The claimant is disqualified for the week in which the discharge occurs and for each week thereafter until he/she has earned in four or more weeks of covered employment at least six times the claim's weekly benefit rate. In addition, wages earned with that employer prior to the day of discharge cannot be used for benefit purposes or to remove a disqualification.
- (4) Failure, without good cause, to apply for or accept suitable work. A disqualification shall continue for the week in which such failure occurred and for the three weeks which immediately follow such week.
- (5) Unemployed due to a labor dispute. Such disqualification continues for the duration of the labor dispute or until it has been determined that conditions have changed so that there is no longer substantial curtailment of activity at the place of employment.
- (6) Benefits received illegally as the result of false or fraudulent representation. The claimant is disqualified from benefits for one year from the date of discovery by the Division, and subject to a fine of 25 percent of the total amount of benefits received illegally or \$20 for each week of benefits received illegally, whichever is greater.

- (7) Full-time attendance at a public or other nonprofit educational institution by a claimant whose training has not been approved by the Division to enhance the claimant's employment opportunity and who did not earn a major portion of his/her base year wages while attending school. The claimant is disqualified until he/she is no longer a full-time student.

In addition to the above disqualifications, there are reasons why an individual may be held ineligible for benefits. These reasons do not involve the employer, as contrasted with the above disqualifications which generally do involve the employer. Ineligibility may be for a fixed period or may continue throughout the life of a claim or until the facts change. Reasons for ineligibility are:

- (1) Failure to demonstrate availability to work.
- (2) Failure to make an active search for work when required by the Division.
- (3) Unable to work. (See Chapter II, Section 6, on Temporary Disability Insurance.)
- (4) Failure to report to the Workforce NJ One-Stop Career Center, as directed by the Division; or failure to be available for scheduled telephone appointments.
- (5) Any individual who is an officer of a corporation, or who has more than a 5 percent equitable or debt interest in the corporation, and who has base year wages with the corporation will not be considered "unemployed" in any week during the individual's term of office or ownership in the corporation. The claim will be invalid and the individual will be ineligible for benefits. Such individuals may qualify for benefits if their corporations have been dissolved or have filed for bankruptcy under Chapter 7.

The Division must rely on you, the employer, to furnish complete and accurate information concerning the separation of any employee, in order that the provisions of the law may be applied to the facts of the claim before making a determination as to whether the claimant can be paid. It is for this reason that you are notified when a claim has been filed.

Whenever a separation issue is involved, the employer is requested to participate in the initial fact-finding interview. It is in your interest to have a member of your organization, who has knowledge regarding the circumstances of the separation, participate in such interview. The interview may be scheduled to be conducted in-person, or by telephone. If it is not possible to participate in the interview, complete and accurate information should be provided by you when so requested.

Relief of Benefit Charges for Disqualifying Separations

Chapter 255, P.L. 1997, which is effective with unemployment claims dated January 4, 1998, and later, provides for the relief of charges of benefits paid to a claimant if the claimant's employment by that employer ended in any way which would have disqualified the claimant if the claimant had applied for benefits at the time when that employment ended. This amendment does not apply to employers who elect reimbursable status. Prior to the enactment of this amendment, when an individual overcame a disqualification and was otherwise eligible for benefits, all of the individual's base year employers were charged for a portion of the benefits the individual received. While the eligibility of the claimant is not changed by this amendment, the employer's account will not be charged for the benefits received by the claimant for periods that occur subsequent to the disqualifying separation.

NOTE: In the event that a claimant files an appeal and the disqualification is overturned, you will be liable for applicable benefit charges. It is in your best interest to participate in all scheduled appeal hearings.

Benefit charging for non-disqualifying separations is not changed by the new amendment. That is, the experience rating accounts of employers are charged for each benefit payment in the proportion that the amount of wages that the employer paid the claimant during the base year bear to the total wages earned by the claimant during the base year. If an employer is relieved of charges because of a disqualifying separation, the percentage of charge liability of the individual's other base year employers does not change.

When you are notified that an individual has filed a claim, and the reason for separation is other than lack of work,

you should complete and return the form by mail or fax to the address shown on the form. When you complete the form, you should provide as much information as possible regarding the separation, attaching additional sheets if necessary.

When the Division receives the form, it is reviewed to determine if the reason for separation is potentially disqualifying. As is current procedure, if you are the claimant's most recent employer and the reason for separation is potentially disqualifying, you will be notified of the fact-finding hearing. Most hearings are conducted by telephone, but there may be instances when the hearing is conducted in person. If you are not the most recent separating employer, and you report a potentially disqualifying separation, the determination to relieve charges will be based on the written information supplied by you and the claimant. In addition, the Division may write or telephone you if further information is required.

Employers reporting potentially disqualifying separations will be notified in writing if the individual's separation is/would have been disqualifying under the law and, therefore, the employer should be relieved of charges. An employer may appeal the determination according to the instructions printed on the form.

Telephone Certification System

The Department of Labor has implemented a system for claiming unemployment benefits by using a push button telephone. The claimant is asked eligibility questions and responds by pushing buttons on the telephone. If the claimant worked part-time, the system asks the claimant to enter his/her gross earnings and the number of hours worked for each week that is claimed. If an eligibility issue is raised by the claimant's responses, the claimant is scheduled for a fact-finding hearing. If the claimant is eligible for benefits, the check is mailed the next business day.

Fraud

The employer is the front line of defense against unemployment insurance fraud. Fraud is, most often, "wage-benefit conflict," which occurs when a claimant is working while collecting unemployment insurance benefits and not reporting his/her earnings to the Division.

Form B-187Q, "Unemployment Benefits Charged to Experience Rating Account," is mailed to employers on a quarterly basis. The form is not a bill, but it is a statement which informs you of the names and social security numbers of claimants who are collecting benefits against your account, the date they filed their claims, the compensable weeks they have been paid, and the amount paid in each of those weeks.

If a claimant returns to work for you, a chargeable employer, while continuing to collect unemployment benefits, indicate the return to work date in the space provided as the reason for protest. An investigation will be initiated upon receipt of the B-187Q.

Should you have information that a claimant has been working for another employer during the week(s) he/she was paid unemployment benefits on your account, you should call the unemployment insurance unit in a Workforce NJ One-Stop Career Center and inform the staff, as the claimant may still be collecting benefits. In addition, you may call the UNEMPLOYMENT FRAUD HOTLINE, (609) 777-4304, should you wish to initiate an immediate investigation. You may, of course, report any case of unemployment fraud of which you become aware, whether or not the claimant ever worked for you.

The Department's primary fraud detection method is the computer crossmatch of benefit payment records with the wage records submitted by employers on the quarterly WR-30, "Employer Report of Wages Paid." If the crossmatch indicates that an overpayment may exist, forms BPC-98, "Weekly Wage Information Request," are mailed to employers in order to obtain a weekly breakdown of any wages earned during weeks in which benefits were collected.

Most overpayment investigations are conducted and resolved by mail, FAX, and telephone. However, there are occasions when investigators make unannounced, in-person visits to employers in order to expedite an investigation or to resolve a complex case. Employers are required by New Jersey Unemployment Compensation Law (N.J.S.A. 43:21-11(g) and N.J.A.C. 12:16-2) to provide employment records at any reasonable time to authorized representatives of the Department of Labor.

Any overpayments detected, fraudulent or otherwise, to claimants collecting on your account will be credited to the account and may result in a reduction of your unemployment tax rate.

Section 3

CLAIMS FOR EXTENDED BENEFITS (EB)

The number of weeks for which a claimant may receive unemployment benefits is extended temporarily by law for up to an additional 13 weeks when the extended benefit trigger rate exceeds the federally prescribed level. This level is achieved when New Jersey's rate of insured unemployment for a 13-week period averages at least 5 percent and is 20 percent higher than it was during the corresponding period in the two preceding years, or averages at least 6 percent for the same 13-week period. Once EB triggers "on," the program remains in effect for at least 13 weeks, and continues as long as insured unemployment meets these prescribed levels.

During an extended benefits period, a claimant may establish an EB claim if he/she (1) has a regular unemployment claim in existence as of the effective date of the EB period and (2) has exhausted all benefits on that regular claim or (3) if that regular claim expires during the EB period, and the claimant has insufficient covered wages or employment in any state to establish a new unemployment claim.

Section 4

APPEALS

The Unemployment Compensation Law provides for the protection of your rights as an employer. These protections include your right to appeal determinations or decisions from the Division of Unemployment Insurance and the Division of Temporary Disability Insurance which you believe may contain errors, or you believe are incorrect. Similar provisions protect the rights of claimants.

You have the right to request a review of any determination or decision by the Division that affects you. There are two administrative levels to the appeal process. The first is the Appeal Tribunal. The second, and higher level, is the Board of Review. Both the employer and the claimant may be represented by an attorney or non-attorney in administrative proceedings before the Division.

It is possible to appeal a Board of Review decision to the New Jersey Superior Court, Appellate Division. For example, if the Division determines that an employer is subject to the law and must pay unemployment insurance taxes, the employer disputing this may appeal the case through various levels up to the New Jersey Supreme Court.

Your rights to a review, hearing or a further appeal are always shown on the written determination or decision that you receive. It is important that you observe the time limits for filing an appeal which are specified on a determination or decision. If you are ever in doubt as to your right to appeal in any case, you should immediately inquire about such right and the time limitations involved.

Section 5

WORKFORCE NJ ONE-STOP CAREER CENTERS

The One-Stop Career Center System offers a variety of programs and services aimed at assisting employers in meeting their need for workers. Companies can select future employees from New Jersey's largest diversified applicant supply. Our statewide network of offices staffed by trained professionals and supported by state of the art computerized selection tools enables the One-Stop Centers to meet your employment needs quickly, often with same day referrals.

America's Job Bank provides the means to recruit workers from the local as well as other areas while avoiding the expense usually associated with such recruitment. The employer's request is electronically sent to One-Stop offices in New Jersey.

The Workforce New Jersey Public Information Network (WNJPIN) is the first technological component of New Jersey's One-Stop Career Center System, offering self-service to government services and information. WNJPIN is Workforce New Jersey's home page, which can be accessed all over the world via the World Wide Web and is located at <http://www.wnjp.net>.

Employers can list job openings via a link to America's Job Bank. Employers can search America's Talent Bank, using key words of their own choosing, to select a group of resumes for further screening. Employers and entrepreneurs can get information on New Jersey's economy and demography and how to do business in the state.

The Professional Service Group (PSG) provides employers with an opportunity to directly access one of the largest most diverse pools of professional, managerial, technical and administrative talent in the tri-state area. PSG is a source of skilled personnel available to fill employers permanent, project and consulting positions.

Workforce New Jersey One-Stop Career Center staff will come directly to a plant or office for an individualized recruitment effort. This service is particularly valuable when opening a large new facility or moving to a new location. In addition the One-Stop staff will provide office space, recruiting, interviewing and screening assistance to employers who wish to recruit at One-Stop locations.

The New Jersey Employer Council (NJEK) provides employers with a unique opportunity to address local employment issues, learn about services and programs that benefit employers and make suggestions that will make the One-Stop offices more responsive to employer needs. To obtain more information on NJEC call (609) 292-8125.

Workforce New Jersey One-Stop Career Centers offers access to other state agencies, Workforce Investment Board Local Office Entities and other Divisions within the Department of Labor. (See section 6).

With offices throughout the state, the Workforce New Jersey One-Stop Career Center can offer local service to all employers on a regular basis.

Out-station and satellite recruitment offices provide convenience for job applicants who cannot easily reach metropolitan offices, and guarantee your exposure to the broadest possible base of potential employees. A list of Workforce New Jersey One-Stop Career Centers is provided in the Directory.

Federal employer tax credits are available to encourage employers to hire persons who have special difficulties in finding work (i.e. welfare recipients, ex-felons, vocational rehabilitation program participants, etc.) by giving employers a tax credit on their Federal taxes. The Work Opportunity Tax Credit (WOTC) provides up to \$2,400 in tax credits. The Welfare-to-Work Tax Credit provides a tax credit up to \$3,500 for the first and \$5,000 for the second year of employment for employing long-term welfare recipients.

The Trade Act Program provides eligible applicants with opportunities to receive on the job training. Employers may be reimbursed, upon hiring and training of Trade Act clients, up to 50% of their salary for up to a 6 month period. These jobs must be full time and straight salary. The contracts with the employers can be written after a client has finished Trade Act approved classroom training in the same occupation. The client may also be approved for part time classroom training while being trained on the job, if the training pertains to and is needed to perform duties in the new job and is requested by the employer. Eligible applicants are certified as such by the Department of Labor because they lost their jobs due to foreign competition.

Section 6

WORKFORCE INVESTMENT ACT (WIA)

The Workforce Investment Act, effective July 1, 2000, is a federally funded program that services New Jersey employers by providing a variety of employment and training services designed to prepare unemployed workers for today's jobs.

In New Jersey, these employment and training services are provided locally through 28 local areas. Each local area is governed by a Workforce Investment Board (WIB). The WIB is comprised of local business people, labor organizations, educators, local government representatives, community based organizations, and state agencies. Employers provide the WIB with the vital information necessary to decide the nature and direction of training for the Local Area.

A variety of individuals qualify for WIA training. For example, "dislocated workers" represent one of the groups eligible for WIA training. These workers are eligible because they have lost their jobs due to company closing or mass layoffs. Many of them have a steady work history but may lack knowledge of new technology needed to compete in today's job market. WIA can provide training to these workers. Sometimes they can continue to receive unemployment benefits while participating in training.

You, as an employer, can participate in one of WIA's training programs known as on-the-job-training. You provide the training to eligible individuals whom you hire and can be reimbursed up to 50 percent of their wage for your extraordinary cost of training. In this manner you are developing a person's skills to fit your company's needs.

If you are interested in receiving more information about WIA and the local WIB, feel free to contact your local WIB, Workforce New Jersey One-Stop Career Center, or the New Jersey Department of Labor, Division of Employment and Training, at (609) 292-5005. A list of Local Area Administrative Offices is provided in the Directory.

Section 7

DIVISION OF BUSINESS SERVICES

The Division of Business Services offers several programs designed to benefit employers. These programs include Customized Training, the Business Services Representative initiative, Response Team services, Employer Human Resources Support, and Youth Transitions to Work programs.

- **Customized Training:** Provides matching training grants to employers to enhance the creation and retention of high skill, high wage jobs in New Jersey through comprehensive workforce training. This training plays a vital role in upgrading worker skills to assist New Jersey employers or businesses in remaining competitive in the new global economy. Approximately \$25 to \$30 million is awarded annually in grant dollars.

Types of training plans funded: On-the-job and classroom training in occupational skills; literacy skills, English as a Second Language (ESL) programs and math training; occupational safety and health training; and other training services designed to meet the specific skill needs of your companies.

Does your company qualify: The program is designed to assist employers that are expanding in, or moving to New Jersey, and for New Jersey firms that need to upgrade worker skills in order to stay competitive, increase productivity and retain jobs.

If you're interested: Please call the Office of Customized Training at (609) 292-2239.

- **Business Services Representative Program:** Promotes economic prosperity and job growth in New Jersey primarily through recruitment and training initiatives. A team of locally outstationed representatives provides the business community an increased awareness of, and direct access to, the menu of available government business services and Work First initiatives. This service can positively impact operating costs, workforce development and production.

If interested: Call (609) 777-4647.

- **Response Team:** For employers that are restructuring and are contemplating layoffs, the Response Team can: plan and deliver on-site services to assist the affected workers with reemployment services, unemployment insurance filing and retraining services; provide staff support to establish and operate a workplace layoff transition committee; and the provision of on-site job seeking skills and resume development workshops.

If interested: Call 1-800-343-3919.

- **Employer Human Resources Support Services Program (EHRSS):** Provides free, confidential assistance to employers who need to improve management practices and establish workplace policies for sound, legal, and productive business operations and for effectively recruiting, selecting, retaining, and developing their employees. Job analysis, reduction of turnover and absenteeism, employee handbooks, selection and hiring, and performance appraisals are areas for which services are frequently provided. Low-cost employer seminars on HR management and basic supervision topics are conducted throughout the year by program staff, by request or as scheduled.

If interested: Call (609) 984-3518.

- **Youth Transitions To Work Program (YTTWP):** This program establishes new apprenticeship programs for high wage, high skill labor demand occupations, and links these programs with existing apprenticeship programs with secondary schools and institutions of higher education. Local consortia of businesses, business organizations, labor organizations and educational institutions can apply for funding to implement such an initiative. YTTWP seeks to provide effective transitions for high school graduates into new and existing apprenticeship programs, thereby creating opportunities for life-long occupationally relevant learning and career advancement.

If interested: Call (609) 984-3534.

Section 8

TEMPORARY DISABILITY INSURANCE

The primary purpose of the Temporary Disability Benefits Law is to provide against wage loss suffered because of inability to perform regular job duties due to illness or injury. To accomplish this purpose, you are required to pay disability insurance taxes and to furnish the Division of Temporary Disability Insurance with certain information about your employees when they file claims for disability benefits. Therefore, you should be familiar with the provisions of the Temporary Disability Benefits Law with respect to initial and continuing eligibility for benefits and to the amount of benefits a claimant may receive. These provisions are essentially as listed below.

Coverage

A New Jersey employer, covered by the Unemployment Compensation Law, is also subject to the provisions of the Temporary Disability Benefits Law, except for certain government entities. Those government entities which are excluded from automatic disability insurance coverage may elect such coverage for their employees, effective January 1 of a calendar year, by filing a written notice to that effect with the Division of UI / DI Financing within 30 days of January 1 of that year, ie, from December 1 thru January 31. Such election must be extended to all employees whose services are deemed to be in covered employment under the Unemployment Compensation Law. An election must remain in effect for at least two full calendar years. It may be terminated as of January 1 of any year thereafter by filing written notice with the Division of UI /DI Financing at least 30 days prior to the termination date.

A subject employer is automatically covered under the State Plan unless workers are covered under an approved private plan for temporary disability insurance.

Filing of Claims

Disability insurance claims are processed by mail. The worker need not leave his/her home or the hospital to apply for benefits. Form DS-1, "Claim for Disability Benefits," may be obtained by writing or telephoning the employer, a union, a local unemployment claims office, an employment service office or the Division of Temporary Disability Insurance, PO Box 387, Trenton, New Jersey 08625-0387. All or some of the benefits may be lost if the claim is filed more than 30 days after the start of disability.

The Temporary Disability Benefits Law provides that an employer must issue to the worker and to the Division a "Claim For Disability Benefits," Form DS-1, that contains the worker's name, address, social security number and wage information needed to determine the worker's eligibility for temporary disability benefits.

Wage Requirements

In order to establish a valid claim, a worker must have had at least 20 base weeks of New Jersey covered employment or, in the alternative, have earned \$5,200 or more in covered employment during the 52 weeks immediately preceding the week in which the disability begins. A base week is a calendar week in the base year during which the worker earned in covered employment \$103 or more, i.e., an amount equal to 20 times the state minimum hourly wage.

Average Weekly Wage

The method of calculating a claimant's average weekly wage for disability insurance is different from that used for unemployment insurance. Under the Temporary Disability Benefits Law, the average weekly wage generally is based on the base week earnings in the eight calendar weeks immediately before the week in which the disability begins. The total base week wages earned during these weeks are divided by the number of base weeks in the eight-week period to obtain the average weekly wage. (The weekly wage may include overtime pay, tips and/or the cash value of remuneration other than cash.)

Weekly Benefit Amount

The weekly benefit amount is figured individually on the basis of the claimant's average weekly wage. Each claimant is paid two-thirds of his/her average weekly wage, up to the maximum amount payable, which is \$444 for disabilities beginning during calendar year 2002. There is no provision in the law for the payment of dependency benefits to disability claimants. The maximum weekly amount is recalculated annually and is equal to 53% of the statewide average weekly wage.

Total Benefits Payable

The maximum amount of benefits which may be paid for each period of disability is one-third of the total wages in New Jersey covered employment paid to the worker during the base year, or 26 times the weekly benefit amount, whichever is the LESSER.

Limitation of Benefits

No benefits are payable to any person:

For the first seven consecutive days of each period of disability (the "waiting week"). The Waiting Week becomes compensable when disability benefits have been paid for all or some part of each of the three weeks immediately following the waiting week.

For any period of disability which did not commence while the claimant was a covered individual. A covered individual means any person who is in employment with a covered employer at the time the disability commences, OR who has been out of such employment for 14 days or less.

For any period during which the claimant is not under the care of a legally licensed physician, dentist, optometrist, podiatrist, chiropractor, or psychologist.

For any period of disability due to willfully and intentionally self-inflicted injury, or injury sustained in the perpetration by the claimant of an act punishable as a crime of the first, second, or third degree under the New Jersey Criminal Code of Justice.

For any period during which the claimant performs any work for remuneration or profit.

In a weekly amount which together with any remuneration the claimant continues to receive from his/her employer would exceed his/her regular wages immediately prior to disability.

For any period during which the claimant would be disqualified under the Unemployment Compensation Law for participation in a labor dispute, unless the disability commenced prior to such period.

For any period during which a covered government worker has not exhausted all accumulated sick leave.

Nonduplication of benefits

In addition to the above limitations, the law also prohibits the payment of temporary disability benefits:

For any period with respect to which benefits are paid or payable under any unemployment compensation or similar law, or under any disability or cash sickness benefit or similar law, of the State of New Jersey, or of any other state or the federal government (including permanent Social Security disability benefits).

For any period during which workers' compensation benefits are paid or payable, other than for permanent partial or permanent total disability previously incurred.

Also, temporary disability benefits shall be reduced by the amount paid concurrently under any governmental or private retirement or pension program to which a worker's most recent employer contributed on his/her behalf. However, Social Security retirement benefits do not reduce State Plan disability benefits.

Medical Examinations

The claimant may be required to submit to a physical examination by a state-appointed physician in order to medically substantiate his/her claim. In addition, the employer may request an independent medical examination if there is good cause to suspect that the employee is not disabled. There is no cost to the employee or the employer for the examination. Failure to submit to an examination is cause for denial of benefits. To receive more information about the medical examination process or to request a medical examination call: 609-633-8718 or FAX: 609-292-1692.

Disability Fraud Hot Line

If you have reason to believe that an employee is collecting temporary disability benefits and working for another employer call: 609-984-4540 or FAX: 609-292-1692.

Delinquent Wage Requests

If the claimant has indicated on his/her claim form that he/she has worked for you at some time during his/her base year period (52 weeks immediately preceding the week in which the disability began) you may receive a wage report request from the Division. You are required by law to supply the requested wage information. If you do not comply within 21 days from the time that the form was mailed to you, a \$20.00 penalty will be assessed by the Division.

Disability Benefit Charges

The employer for whom the claimant last worked immediately prior to the onset of the disability will assume all the charges for all benefits paid to the claimant for that period of disability.

Federal Tax Deductions

Benefits payable under the Temporary Disability Benefits Law are considered to be "third party sick pay." Federal law provides that the portion of gross disability benefits paid, which is attributable to the chargeable employer's contributions for disability insurance coverage, is subject to federal taxation for Social Security, Medicare, F.U.T.A. and federal income tax.

Based on the chargeable employer's average experience rate for State Plan temporary disability insurance during the most recent three years, the Division calculates the worker's portion of Social Security (F.I.C.A.) contributions and Medicare contributions of each benefit authorization. That amount is deducted from the benefits to be paid to the claimant and is forwarded to a federal depository. To calculate the F.I.C.A. and Medicare contribution which you, the employer, must remit to the federal government, refer to the "Taxable Amount" column on the Division's Form DS-7C, "Notice of Disability Benefits Charged or Credited." The figure in this column specifies the portion of benefits to be used in calculating the employer's contribution at the applicable employer rate.

Upon the claimant's written request, a federal income tax deduction may also be made from the payable disability benefit gross amount. This deduction is indicated on Form DS-7C in the "Federal Tax Withheld" column. The employer is not required to match this withholding amount.

Questions pertaining to your payment of F.U.T.A. taxes on the portion of paid benefits which is attributable to your disability insurance contributions as an employer, should be directed to the Internal Revenue Service. The Division makes no deduction from paid benefits to meet employer F.U.T.A. liability.

Right of Appeal

If a worker or employer disagrees with a determination on a disability claim and wishes to appeal, it must be done in writing within seven calendar days after delivery or within ten calendar days after the decision was mailed.

DABS - DISABILITY AUTOMATED BENEFITS SYSTEM

The New Jersey Division of Temporary Disability Insurance utilizes an automated claims processing system (DABS). Automation has reduced the time required to determine a disability claim.

There are samples of DABS generated forms located in the Forms Section of this booklet. Please refer to the Forms Index to find the appropriate form.

A brief synopsis of the automated functions DABS encompasses includes:

1. Daily mailing of benefit checks to claimants in conjunction with daily mailing of notices for these payments to the chargeable employer.
2. Daily mailing of requests for information not received on the claimant's original disability claim form (DS-1). When the forms are returned, the system automatically directs the form to the examiner assigned to the case.
3. System generated determinations calculated from the information received by State Plan Disability. The chargeable employer is mailed a copy of all determinations rendered by the system.
4. Various internal controls built into the system to protect the chargeable employer from fraudulent claims.

The automated functions described above improved the overall accuracy and consistency of the determinations issued by the State Plan Bureau. In addition, there is an increased capacity and efficiency in handling and responding to telephone and written inquiries from claimants, employers, and all other interested parties.

The Division of Temporary Disability Insurance conducts informational seminars. Interested employers or their representatives will be given the opportunity to learn more about the New Jersey Division of Temporary Disability Insurance Program and the DABS claims processing system by contacting:

New Jersey Department of Labor
Division of Temporary Disability Insurance
Attn: Investigations Unit
PO Box 387
Trenton, New Jersey 08625-0387
(609) 984-4540

Disability During Unemployment (4F)

If a worker becomes totally disabled and has been out of covered employment for more than 14 days, he/she may be eligible for benefits under the Disability During Unemployment program.

Claims filed under this program are governed by both the Unemployment Compensation and Disability Benefits Laws. However, it is essential to remember that they are primarily unemployment insurance claims, established under Section 4(f) of the Unemployment Compensation Law. Therefore, to be eligible for benefits, the claimant must meet all the requirements of this Law, and become totally unable to work. The claimant must also be under the care of a legally licensed physician, dentist, podiatrist, optometrist, chiropractor, or psychologist.

In order to have a valid 4(f) claim, the claimant must have been paid a minimum amount of wages while in a job covered by New Jersey's disability insurance program during the base period of the claim. Employment with local governments that have not elected disability coverage for their workers is not covered for disability benefits nor is out-of-state employment, even though it is covered for unemployment insurance.

To file for benefits, the claimant must complete Form DS-1, "Claim for Disability Benefits," and mail it to the Division of Temporary Disability Insurance, PO Box 387, Trenton, New Jersey 08625 where the claim will be processed.

If the 4(f) claim is the initial claim, it will be processed under the wage record system which generates a monetary determination listing all New Jersey subject employers for which the claimant worked during the base period. The determinations will also include all wages reported by each of those employers.

A claim filed for disability will be valid if the claimant earned at least \$103 in covered employment in each of 20 calendar weeks, or earned a total of at least \$5,200 during the base period. The regular base period is the first four calendar quarters of the last five completed calendar quarters before the date of the claim.

There are two alternative base periods which can be used to establish monetary eligibility on claims originally determined invalid under the regular base period. Alternative Base Year # 1 consists of the four most recently completed calendar quarters preceding the date of claim and Alternative Base Year # 2 consists of the three most recently completed calendar quarters preceding the date of the claim plus weeks in the filing quarter up to the date of claim.

If the claimant has an unemployment insurance claim and becomes disabled while unemployed during the benefit year, he/she may be paid 4(f) benefits against the claim. In most cases the claimant will receive the same weekly rate as was received on the unemployment insurance claim. The maximum that one can collect on unemployment insurance and 4(f) benefits combined is one and one-half times the maximum benefit amount of the claim.

The maximum benefit for 2002 is a weekly rate of \$475, and a maximum amount of \$12,350. The claimant is entitled to three weeks of potential benefits for every four weeks during which he/she worked in covered employment, subject to a maximum of 26 weeks.

Upon the claimant's written request, a federal income tax deduction at the rate of 10% will be made.

Information necessary to determine eligibility is obtained from the claimant through the mailing of a packet of forms which must be completed and returned. This includes dependency information, as well as student, corporate officer or pension status. Separation information is also obtained from the employer. Opportunities for rebuttal are provided to both the claimant and the employer through telephone calls which are documented by memoranda.

Upon receipt of all information, a determination will be made. It remains in effect and is applicable to any claim that the claimant might make during the same benefit year for unemployment insurance benefits.

Benefits payments made under the Disability During Unemployment program are not charged to the claimant's base year covered employer(s); such payments are charged to the unemployment disability account within the State Disability Benefits Fund. However, because 4(f) claims may be used by claimants to claim unemployment benefits after recovery from the disabling condition, it is important that employers respond timely to any Form BC-28, "Request for Separation Information," issued in connection with a 4(f) claim. Charges for unemployment benefits potentially payable during the benefit year of a 4(f) claim may be affected by the information provided by employers on Form BC-28.

If a claimant disagrees with a determination of 4(f) benefits and wishes to appeal, he/she may do so in writing within ten days from the date the decision was mailed. However, if a claimant disagrees with a demand for refund of 4(f) benefits, he/she may do so in writing within 24 days of the date of mailing.

Section 9

Private Plan Under the Temporary Disability Benefits Law

The Temporary Disability Benefits Law permits employers to cover their workers under private plans which are approved and monitored by the Division of Temporary Disability Insurance, Private Plan Operations. Covered employers with approved private plans are relieved of employer contributions to the State Disability Benefits Fund, as are their workers, as long as coverage is continued under the plan.

As a subject employer, you may establish a private plan for the payment of disability benefits in place of the benefits payable under the State Plan. Such private plans may be contracts of insurance issued by authorized carriers, by employers as self-insurers, or by agreements between unions and employers.

Approval of Private Plans

All private plans must be approved by Private Plan Operations. An application and complete description of the Plan must be submitted for review. Some of the requirements are:

- (1) Eligibility requirements for benefits may be no more restrictive than under the State Plan.
- (2) Benefits must be at least equal to those under the State Plan, both as to weekly amount and total weeks compensable.
- (3) Workers' Contribution must not exceed those required under the State Plan.
- (4) If employees are required to contribute to the cost of a private plan, a majority of the workers must agree to that arrangement by written election before the plan can be approved.
- (5) Some employers who wish to self-insure their Private Plan may be required to provide security to guarantee the payment of benefits.

Termination of Private Plans

If you wish to terminate a private plan you may do so at any time. However, you must first notify Private Plan Operations in writing of your intention at least 30 days before the effective date of the termination.

Workers may terminate a private plan under certain conditions. Also, an insurer may terminate a private plan with 60 days written notice to Private Plan Operations.

Private Plan Operations may withdraw its approval of a private plan because of the termination of the insurance coverage or for other good cause.

When a private plan is terminated, coverage under the State Plan is automatic effective the day following termination. No application forms are required of the employer or the workers to begin State Plan coverage. In such cases, liability for contributions to the State Plan is also effective immediately. It is recommended that employers changing from private plan to State Plan coverage obtain from the Division of Temporary Disability Insurance an adequate supply of State Plan claim forms. To apply for approval or termination of a private plan write to:

Division of Temporary Disability Insurance
Private Plan Operations
Plan Approval Unit
PO Box 957
Trenton, New Jersey 08625-0957

Telephone (609) 292-2720
FAX: (609) 292-2537

Private Plan Claims

The Division of Temporary Disability Insurance oversees the handling of private plan claims through the Claims Review Unit in Private Plan Operations. All claimants who are denied private plan benefits must be notified of the denial in writing by the insurer, self-insured employer, or union welfare fund. The notification must state the reason for denial, and must advise the claimant of his/her right of appeal. A copy of the denial, together with a copy of the claim file, must be submitted to Private Plan Operations.

Under the Law, the claimant may appeal the denial of a private plan claim within one year from the date of the beginning of disability. Appeals are heard by the Private Plan Hearing Officer, whose decision is binding. Further appeals must be presented to the New Jersey Superior Court.

The Claims Review Unit also resolves claim discrepancies, handles claim complaints and provides assistance and information to all private plan employers, insurers, and claimants. To submit copies of denials or to obtain claims assistance, contact:

Division of Temporary Disability Insurance
Private Plan Operations
Claims Review Unit
PO Box 957
Trenton, New Jersey 08625-0957

Telephone: (609) 292-6135
FAX: (609) 292-2537

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BUSINESS REGISTRATION - FORM NJ-REG 

PURPOSE: To apply for a New Jersey Taxpayer I.D. number.

USE BY

EMPLOYER: The employer should return the " Business Registration" form as soon as :

- You have paid remuneration of \$1,000 in covered New Jersey employment during the calendar year, or
- You are subject to the Federal Unemployment Tax act in the current or any preceding calendar year, or (FUTA imposes subjectivity on entities who have in twenty weeks of a calendar year or pay wages of \$1,500 in a calendar quarter in any state).
- You have acquired the organization, trade or business, or substantially all assets of an employer already subject to the Law and have paid remuneration of any amount in covered New Jersey employment, or
- You have paid \$1,000 in gross cash wages in a calendar quarter to domestic worker(s) employed in your home.

When any of the above has occurred, indicate that information on form NJ-REG and forward it to the Division of Revenue.

PAGE 2 OF FORM NJ-REG



Contains questions regarding essential information required to make a determination of liability under the law.

Complete responses to questions 1b and 1f are essential to making a determination under the law.

PAGE 3 OF FORM NJ-REG



Contains questions regarding essential information required to make a determination of liability under the law.

NOTICE

The Forms WR-30, NJ-927 and REG-C shown on pages 65, 67, and 71, will be issued as one package.

Every effort will be made to ensure that you receive your Quarterly Employer Reports, before the end of each calendar quarter. However, it is the responsibility of the employer to see that the report is filed on time. The fact that you may not have received a report will not excuse you from the liability for a penalty for late filing. If you do not receive your Quarterly Employer Reports by the tenth day after the end of the calendar quarter, contact the Division of Revenue at (609) 292-6400.

EMPLOYER REPORT OF WAGES PAID - FORM WR-30

- PURPOSE:** To report remuneration received by employee(s) during a calendar quarter.
- USE:** This form will be mailed to you, the employer, shortly before the end of each calendar quarter. Certain employer data will have been preprinted. The form will also show the reporting quarter-ending date and the date on which the WR-30 is due.
- USE BY
EMPLOYER:** No later than the thirtieth day following the end of each calendar quarter you must complete and return the required employer data and information on each subject employee who received remuneration during the quarter, regardless of when the employment occurred.
- If you fail to submit the WR-30 by the due date shown thereon, you will be liable for penalties as set forth in the statute (R.S. 43:21-1 et seq.).
- Information contained on Form WR-30 is processed via an optical scanning system. It is therefore important that employers return the original forms mailed to them each quarter. Photocopies or facsimiles of the forms will not be scannable.
- You should keep the employer copy of the WR-30 for your records.

EMPLOYER'S QUARTERLY REPORT - FORM NJ-927



PURPOSE: To report employer tax liability after the close of each calendar quarter.

USE: This form will be mailed to you, the employer, shortly before the end of each calendar quarter. When you receive this form, the employer registration number, the tax rates and the taxable wage base will have been pre-printed. The form will also show the ending date of the reporting period and the date the report is due.

USE BY

EMPLOYER: You must complete every item on the report, sign it, and return it to the New Jersey Division of Revenue with your tax remittance before the due date shown on the report. You are required by law to submit a completed report whether or not any tax payment is due. For your records, you should keep the employer copy of the report.

If you fail to file an Employer's Quarterly Report on or before the due date, you may be assessed penalty and interest.

EMPLOYER'S QUARTERLY REPORT - FORM NJ-927W



- PURPOSE:** For employers who are required to deposit withholding liabilities with the Division of Revenue each week.
- USE:** This form will be mailed to you, the employer, shortly before the end of each calendar quarter. When you receive this form, the employer registration number, the tax rates and the taxable wage base will have been pre-printed. The form will also show the ending date of the reporting period and the date the report is due.
- USE BY
EMPLOYER:** You must complete every item on the report, sign it, and return it to the New Jersey Division of Revenue with your tax remittance before the due date shown on the report. You are required by law to submit a completed report whether or not any tax payment is due. For your records, you should keep the employer copy of the report.
- If you fail to file an Employer's Quarterly Report on or before the due date, you may be assessed penalty and interest.

NJ-927W

REQUEST FOR CHANGE OF REGISTRATION INFORMATION - FORM REG-C



- PURPOSE:** To permit employers to report any changes affecting employer status records.
- USE:** This report will be attached to the Employer's Quarterly Report, NJ-927 or NJ-927W.
- USE BY
EMPLOYER:** The employer should always return the Request for Change of Registration Information with the Employer's Quarterly Report. Changes in name and address, discontinuance of employment, business changes, and acquisitions of the business by another employer should all be reported on this form, as necessary.

**EMPLOYER'S CLAIM FOR CREDIT OR REFUND BY REASON OF
ERRONEOUS PAYMENT OF CONTRIBUTIONS - FORM UC-9 **

- PURPOSE:** To allow employers who have overpaid contributions to file for a refund.
- USE:** Mailed upon request of the employer when he has determined that the wages and/or contributions originally reported on Form NJ-927 (Quarterly Contribution Report) were in error.
- USE BY
EMPLOYER:** Form must be completed and notarized. Worker contributions will not be included in your refund, unless you have reimbursed your employee(s) for any deductions made from their wages in error.
- NOTE:** Form WR-30A must also be completed and returned with Form UC-9 if there is a change in the gross wages originally reported on the WR-30 for any individual employee(s).
- A refund check, rather than a credit, will be issued unless there is outstanding liability or reporting delinquencies on your account.

UC-9 (R-17-97)

**EMPLOYEE'S CLAIM FOR REFUND
OF EXCESS CONTRIBUTIONS - FORM UC-9A** 

- PURPOSE:** To allow workers who have overpaid contributions by reason of having worked for more than one employer to file for a refund.
- USE:** Mailed upon request to workers who have had deductions made by more than one employer and therefore have contributed in excess of the legal maximum.
- USE BY
EMPLOYER:** The worker must complete the UC-9A and submit together with certifications of deductions from all employers as specified in the instructions on the back of this form.
- NOTE:** The refund of any deductions in excess of the legal maximum made from a worker's wages by an individual employer is the responsibility of the employer who made such deductions.

REVERSE OF FORM UC-9A 

(Instructions for completing UC-9A and obtaining employer certifications)

UC-9A Reverse

POWER OF ATTORNEY



- PURPOSE:** Enables employing entities to utilize outside organizations or individuals to represent them in matters affecting Unemployment and Disability insurance before the New Jersey Department of Labor - Division of Employer Accounts.
- USE:** Enables agency to properly identify authorized organizations or individuals for release of employer documents and information, in order to maintain employer documents and information, in order to maintain employer confidentiality.
- USE BY
EMPLOYER:** All Power of Attorney forms must be filled out completely by employing company or corporation.
1. Provide legal corporate/company name, address and N.J. Taxpayer I.D. Number.
 2. Signature of Authorized officer or owner of employing entity and completion of affidavit atesting to position in corporation or company.
 3. Completion of Notary portion; including signature, seal and expiration date.
 4. Provide Corporate Seal. If no seal is available, please indicate on Power of Attorney.
 5. Acceptance signature by qualified officer of organization or individual for whom Power of Attorney is being granted.

POWER OF ATTORNEY

COMBINED ASSESSMENT BILL - FORM CSRS13001 

- PURPOSE:** To notify all employers that various assessments are due and payable.
- USE:** One of these notices will be mailed when an employer is liable for any of the seven annual assessments.
- USE BY
EMPLOYER:** The employer must return the payment coupon of the form with his remittance in the return envelope provided.
- NOTE:** This form has replaced Form TD-32, Form TD-42, and Form TD-25.

SCRS13001

REVERSE OF FORM CSRS13001 

(Detailed explanation of each assessment and important telephone numbers.)

CSRS13001

NOTICE OF CONTRIBUTION/WAGE REPORT DELINQUENCY - FORM CS-156 

PURPOSE: To notify subject employers of the calendar quarters for which Forms NJ-927 (Employer's Quarterly Report) and WR-30 (Employer Report of Wages Paid) have not been received.

USE: This notice will be mailed to employers three times a quarter, if any NJ-927 or WR-30 delinquencies exist. A "D" is printed in the block that pertains to the Form and the quarter and the year of the delinquency.

**USE BY
EMPLOYER:** File Forms NJ-927 and WR-30 that are shown as delinquent on Form CS-156 or complete and return Form CS-156.

EMPLOYER REPORT OF WAGES PAID - FORM WR-30A

- PURPOSE:** To allow subject employers to make corrections to employee information (Social Security Number, Name, Gross Wages Paid and Base Weeks Earned) that was originally submitted incompletely or incorrectly on Form WR-30.
- USE:** The WR-30A will be completed and mailed to the employer when it is determined that employee information is incomplete or incorrect. There will be one line of employee information for each employee in error. The information that was originally reported on the WR-30 correctly will be printed on the WR-30A. The employee information that was in error will be left blank.
- USE BY
EMPLOYER:** The employer must fill in the employee information boxes that are blank and return the completed WR-30A in the return envelope provided.
- NOTE:** The Format of this form was being changed at the time of printing.

NOTICE AND DEMAND FOR AMOUNT OF PENALTY DUE - FORM WR-2 

PURPOSE: To notify the employer that a Wage Reporting Penalty is due and payable.

USE: Upon the establishment of every Wage Reporting Penalty this form will be forwarded to the employer. The details regarding the penalty established will be listed on this form.

Period (calendar quarter and year)

Transaction Date

Reason for Penalties

Amount of Penalties

Total Penalty Due

USE BY

EMPLOYER: The employer must return the bottom portion of the WR-2 with a remittance in the return envelope.

NOTE: The format of this form was being changed at the time of printing.

**UNEMPLOYMENT BENEFITS CHARGED TO
EXPERIENCE RATING ACCOUNT - FORM B-187Q **

PURPOSE: To furnish employers with an itemized listing of unemployment benefits charged to their experience rating account. Each claimant who is/was an employee will be identified by name and social security number.

USE: This statement will be mailed to you on a quarterly basis.

**USE BY
EMPLOYER:**

The unemployment benefit payments listed are based upon previously supplied wage and separation data. When you receive the B-187Q, you should check each item against your records. The charges made to your account will be used in determining your contribution rate in the coming fiscal year.

You should respond within 20 days from the date of mailing by filling out the reverse side of the form as explained therein, if you find that the claimant(s) listed:

- a) did not work for you; or
- b) worked for you or anyone you know of for the weeks benefits were paid as shown on this form; or
- c) failed to apply for or accept an offer of suitable work.

You should also protest if you have previously appealed the determination issued on Form BC-3E, "Notice to Employer of Potential Liability," have not received a response and the improper charge still appears. However, if you did not appeal, your appeal rights with respect to the computation of benefit entitlement and your potential liability have been exhausted.

You will be notified of the action taken on your protest by letter or by a reduction to your benefit charges on a subsequent B-187Q. When a credit adjustment does appear on the B-187Q, it will be identified by the symbol CR after the amount of the credit.

**REVERSE OF UNEMPLOYMENT BENEFITS CHARGED TO
EXPERIENCE RATING ACCOUNT - FORM B-187Q ➡**

**NOTICE OF DISABILITY BENEFITS CHARGED
OR CREDITED - FORM DS-7CR2 **

PURPOSE: To furnish employers with an itemized listing of the disability benefits charged and/or credited to their experience rating account. Each claimant who is/was an employee will be identified by name and social security number.

USE: To notify employers of amounts of benefits paid, including those amounts to be used in the calculation of employer F.I.C.A. contributions. This statement will be mailed to you whenever benefit charges or credits are made to your disability experience rating account.

**USE BY
EMPLOYER:** When you receive the DS-7CR2, check each item against your records. The charges made to your account will later be used in determining your contribution rate for the coming fiscal year.

If you find an item you believe is incorrect, or you have any reason to believe the benefits should not have been paid, inform the State Plan Operations by mail as directed on the reverse side of the DS-7CR2. To expedite your response, you may Fax your inquiry to (609) 984-4138.

If charges are removed, you will be notified on a subsequent DS-7CR2, the credited amount being indicated by a minus sign (-).

Keep the notice on file as a verification of yearly benefit charges to your disability experience rating account.

NOTICE OF EMPLOYER CONTRIBUTION RATES - FORM AC-174.1

- PURPOSE:** To notify employers of their unemployment and disability tax rates for a fiscal year.
- USE:** One of these forms will be mailed to you every year, usually in August. The figures used in computing your tax rate will be shown on the form. Changes in status determinations may warrant "amended" notices throughout the year.
- USE BY
EMPLOYER:** Upon receiving this notice, you should make careful note of your contribution rates. These rates will be used in computing your tax payments for the four quarters of that particular fiscal year. If someone else has the responsibility of preparing your quarterly reports, that person should be informed of the contribution rates.

If you believe an error was made in computing your rate, or if you believe that the figures used are incorrect, you should ask for a review of the rate determination. Such request must be made in writing within 20 days of its mailing date.

Along with this form you will also receive the explanation sheet (AC-174.2) and the Voluntary Contribution Report (UC-45).

(See Chapter I, Section 4 of this publication for information noted on the Notice of Employer Contribution Rates).

INSTRUCTIONS FOR CLAIMING UNEMPLOYMENT BENEFITS - FORM BC-10

- PURPOSE:** To provide separated employees with their employer's complete name, address, and New Jersey Employer Identification Number.
- USE:** When an unemployment claim is filed, this information is used by the Division to ensure that the correct employer at the correct address is contacted for separation or additional wage information.
- USE BY
EMPLOYER:** Employers are required by regulation to provide Form BC-10 to each employee who is separated permanently, for an indefinite period, or for an expected duration of seven or more days. This form should be given to each employee at the time of separation, regardless of the reason for the separation.
- A supply of Form BC-10 can be obtained by contacting the Bureau of Program Services and Standards at (609) 292-2347.

BC-10 (R-1-01)

**NOTICE TO EMPLOYER OF MONETARY DETERMINATION
AND REQUEST FOR SEPARATION INFORMATION - FORM BC-3E**



PURPOSE: To notify an employer of potential benefits payable to a former employee who has filed a claim for unemployment insurance. Further, to enable the employer to notify the local claims office of any potentially disqualifying information for the named employee.

USE: The Division will furnish Form BC-3E to the employer for each claim filed against that employer's New Jersey registration number. The form shows the total potential unemployment benefits payable (maximum benefit amount) based on all employment in the base year, the amount of potential unemployment benefits (maximum chargeable amount) payable based on employment with the individual employer, and the percent of the potential weekly benefit amount that may be charged to that employer's experience rating. Further, the form requests that the employer supply the division with any potentially disqualifying information pertaining to the individual employee who has filed a claim for benefits.

**USE BY
EMPLOYER:** The employer should retain the top half of FORM BC-3E for record keeping purposes. The employer's right of appeal is explained in this portion of the form. The employer should complete the bottom half of the BC-3E and return it to the specified local claims office if:

1. The claimant was separated for reasons other than lack of work.

If the claimant was separated for reasons other than lack of work, he/she may not be eligible for unemployment benefits. You should be as specific as possible as to the reason for separation.
2. The claimant is receiving a company pension; receipt of a pension may effect the amount of benefits a claimant is otherwise entitle to receive.
3. The claimant received wages for a period after his/her last day of work (i.e., vacation pay, severence pay, payment in lieu of notice, etc.). Receipt of monies for a period after the last day of work may affect a claimant's eligibility.
4. The claimant's separation is temporary and the claimant has a definite date to recall.

**NOTICE TO EMPLOYER OF MONETARY DETERMINATION AND
REQUEST FOR WAGE AND SEPARATION INFORMATION
FORM BC-2/3Q OR FORM BC-2/3W **

- PURPOSE:** To obtain from a regular base year employer, information necessary to determine the eligibility for unemployment compensation of one of your employees or former employees.
- USE:** The Division of Unemployment Insurance will mail one of these forms to you for completion only if the claim is invalid under the regular base year period while, at the same time, requesting weekly or quarterly wage information in the six quarters which may potentially be used for monetary eligibility.
- USE BY
EMPLOYER:** This form will identify the claimant by name and social security number, will show the mailing date, and will specify the period of time for which wage information is needed. You are required by law to complete the form and return it within 10 days of the mailing date to the unemployment claims office at the address shown on the form.
- Be sure to sign and date the certification and give the name and telephone number of an individual who may be contacted if further information is needed.

BC-B-2/3Q or BC-2/3W

**REVERSE OF NOTICE TO EMPLOYER OF
MONETARY DETERMINATION AND REQUEST FOR WAGE
AND SEPARATION INFORMATION
(WAGES REQUESTED IN A WEEKLY FORMAT) - FORM BC-2/3W** 

**REVERSE OF NOTICE TO EMPLOYER OF
MONETARY DETERMINATION AND REQUEST FOR WAGE
AND SEPARATION INFORMATION
(WAGES REQUESTED IN A QUARTERLY FORMAT) - FORM BC-2/3Q** 

REQUEST FOR WAGE AND SEPARATION INFORMATION - FORM BC-2WR

PURPOSE: To obtain from you information necessary to determine the eligibility for unemployment compensation of one of your employees or former employees.

USE: The Division of Unemployment Insurance, will mail one of these forms to you for completion ONLY IF:

- (a) This agency has no record of having received from you quarterly wage information for the named claimant on a properly completed Form WR-30, "Employer Report of Wages Paid," OR
- (b) Weekly wage information (instead of quarterly wage information) is needed to properly determine the benefit entitlement for the individual listed.

USE BY

EMPLOYER: This form will identify the claimant by name and social security number, will show the mailing date, and will specify the period of time for which wage information is needed. You are required by law to complete the form and return it within 10 days of the mailing date to the unemployment claims office at the address shown on the form.

Be sure to sign and date the certification and give the name and telephone number of an individual who may be contacted if further information is needed.

**REVERSE OF REQUEST FOR WAGE AND SEPARATION
INFORMATION - FORM BC-2WR ➡**

REQUEST FOR WAGE AND SEPARATION INFORMATION - 
FORM BC-2WR.1 AND FORM BC-2WR.2

- PURPOSE:** To obtain from a non-regular base year employer, wage information in six quarters to determine monetary eligibility using the regular and alternative base year periods and base week amounts.
- USE:** The Division of Unemployment Insurance will mail one of these forms to a non-regular base year employer for completion when an alternative base year and/or alternative base weeks may be used to determine monetary eligibility. Form BC-2WR.1 will request wages in weekly format and Form BC-2WR.2 will request wages in a quarterly format.
- USE BY
EMPLOYER:** This form will identify the claimant by name and social security number, will show the mailing date, and will specify the period of time for which wage information is needed. You are required by law to complete the form and return it within 10 days of the mailing date to the unemployment claims office at the address shown on the form.
- Be sure to sign and date the certification and give the name and telephone number of an individual who may be contacted if further information is needed.

BC-2WR.1 (R-7-95)

**REVERSE OF REQUEST FOR WAGE AND SEPARATION INFORMATION
(WAGES REQUESTED IN A WEEKLY FORMAT) - FORM BC-2WR.1 ➡**

(Reverse) BC-2WR.1 (R-7-95)

**REVERSE OF REQUEST FOR WAGE AND SEPARATION INFORMATION
(WAGES REQUESTED IN A QUARTERLY FORMAT) - FORM BC-2WR.2** 

BC-2WR.2 (1-9) (Reverse)

**DETERMINATION/REDETERMINATION OF
BENEFIT CHARGE LIABILITY - FORM BC-3NC** 

PURPOSE: To notify the employer that charges will not be made to the employer's Experience Rating Account for any unemployment benefits received by the named individual for periods subsequent to the disqualifying separation, or that a determination of relief of benefit charges has been redetermined.

USE: This form is sent to an employer when:

The Agency determines that the individual was separated from employment for reasons that are disqualifying under New Jersey's Unemployment Compensation Law. Even though the individual may be or may become eligible for benefits by overcoming the disqualification, any benefits received by the individual for periods subsequent to the disqualifying separation will not be charged to the employer's Experience Rating Account; OR

The Appeal Tribunal or the Board of Review has determined that the individual's separation from employment was for non-disqualifying reasons.

USE BY

EMPLOYER: The employer should retain the form for record keeping purposes. The right of appeal is explained on the form.

**DETERMINATION OF DENIAL OF RELIEF
OF BENEFIT CHARGES - FORM BC-289 DR** 

PURPOSE: To notify an employer that he is potentially liable for charges for the unemployment benefits received by the named individual for periods subsequent to the most recent separation.

USE: This form is sent to an employer when:

The Agency determines that the individual's separation from a contributory employer was for reasons that are not disqualifying under New Jersey's Unemployment Compensation Law; OR

The employer failed to return request for additional information within 21 days of the mailing of the request; OR

The individual was separated from a nonprofit employer choosing to reimburse the Unemployment Trust Fund for benefit payments or the individual was separated from federal civilian employment; OR

The Agency determines that the individual's refusal of suitable work occurred after their separation from that employer.

USE BY

EMPLOYER: The employer should retain the form for record keeping purposes. The right of appeal is explained on the form.

NOTICE OF DETERMINATION - FORM BC-26B 

PURPOSE: To notify you of the determination made on a claim for unemployment benefits filed by your former employee.

USE: This notice will be mailed to you immediately after all facts have been considered and a determination made. This notice is for your records and need not be returned.

**USE BY
EMPLOYER:** When you receive one of these forms, you should read the reason given for the determination. If you wish to appeal the determination, you should take the following steps:

1. File a request for a hearing, in writing, within the ten-day period shown at the upper right-hand side of the form and as instructed on the reverse of the form.
2. State in your request the reason(s) why you believe the claimant is not entitled to benefits.
3. Address your request to the unemployment insurance claims office shown at the upper left-hand side of the form.

You will be notified of the date and time of the hearing after the receipt of your letter.

BC-26BF

REVERSE OF FORM BC-26B ➡

(Contains applicable law or regulation specific to the determination; also includes your appeal rights)

NOTICE OF DETERMINATION OF ELIGIBILITY - FORM BC-289TO 

- PURPOSE:** To notify an employer that the claimant has overcome any possible disqualification arising from the separation of his/her employ through the passage of time or by sufficient earnings and the passage of time. It further notifies the employer of potential liability for benefit charges to his experience rating account.
- USE:** This form provides the Division a means for notifying the employer when the claimant has overcome any possible disqualification for either voluntary quit or discharge for misconduct.
- USE BY
EMPLOYER:** The employer should retain Form BC-289TO for record keeping purposes. The determination may be appealed by the employer. The right of appeal is explained on the form.

BC-289D (9-89)

REQUEST FOR SEPARATION INFORMATION - FORM BC-28

PURPOSE: To obtain information required to determine the eligibility of an individual currently or formerly in your employ who:

- (1) Worked for you during his/her lag period, i.e., the calendar quarter in which he/she filed a new claim for unemployment benefits and the immediately preceding calendar quarter; or
- (2) Was not a covered employee as defined by the New Jersey Unemployment Compensation Law and, therefore, for whom you were not liable to pay contributions (taxes) for unemployment insurance purposes; or
- (3) Reopened his/her claim for unemployment benefits.

NOTE: When a claimant files an initial claim a benefit year of 52 weeks is established. If the claimant obtains new employment or returns to his/her former employment, the claim is closed. It can, however, be reopened at any time during those 52 weeks if the claimant again becomes unemployed and still has some benefits for which he/she may qualify.

USE: This information will be used to determine if the claimant is eligible for benefits.

**USE BY
EMPLOYER:** The employer should complete the form and return it to the specified local claims office only if:

1. The claimant was separated for other than lack of work.

If the claimant was separated for reasons other should be specific as possible as to the reason for separation.
2. The claimant is receiving a company pension; receipt of a pension may affect the amount of benefits a claimant is otherwise entitled to receive.
3. The claimant received wages for a period after his/her last day of work (i.e., vacation pay, severance pay, payment in lieu notice, etc.). Receipt of monies for a period after the last day of work may affect a claimant's eligibility.
4. The claimant's separation is temporary and the claimant has a definite date of recall.

NOTICE TO EMPLOYER OF FACT-FINDING PROCEEDING - FORM BC-90RC 

- PURPOSE:** To notify an employer of a fact-finding proceeding for a former employee, who has filed a claim for unemployment benefits and has indicated a separation issue.
- USE:** The Division will furnish Form BC-90RC to the employer when a separation issue for an employee must be resolved prior to payment of unemployment benefits. The form will notify the employer of the date, time and place and reason for the proceeding.
- USE BY
EMPLOYER:** When you receive one of these forms, note the reason for separation and the date and time of the fact-finding proceeding. You have the right to be represented by any person you may designate. However, this person should either have direct knowledge of the circumstances surrounding the issue or be able to present a written statement by a person who has such knowledge, or the employer's records.

BC-90 (R-9-91)????? OR BC-90 VL (11-97)

**REVERSE OF NOTICE TO EMPLOYER OF
FACT-FINDING PROCEEDING - FORM BC-90RC** 

PURPOSE: The reverse of Form BC-90RC requests specific information necessary to determine the claimant's eligibility. Complete the sections that pertain to the reason for separation (Voluntary Quit or Discharge) and mail or fax both sides of the form to the address listed on the front of the form.

Reverse BC-90

**REQUEST FOR WAGE INFORMATION FOR
DEPENDENCY ALLOWANCE - FORM BPC-83** 

- PURPOSE:** To verify that the claimant's dependents were unemployed during the calendar week in which the claim became effective.
- USE:** A claimant who did not earn sufficient wages in his/her base year to receive the maximum weekly benefit rate payable may be entitled to collect dependency benefits provided that, if the claimant is legally married, the claimant's spouse is unemployed during the calendar week in which the claim is effective. Children listed as dependents by the claimant must also be unemployed during the week in which the claim takes effect.
- This form is mailed to you because you reported wages on Form WR-30, "Employer Report of Wages Paid," for an individual who has been listed as a dependent by the claimant named on the form. The dependent's name and social security number, the quarter for which wages were reported, and the calendar week for which wage information is being requested are listed on the form.
- USE BY
EMPLOYER:** Completion and return of this form is required only if the employee or former employee earned wages during the calendar week specified. If so, complete Items 1 through 4 and return the form to the address listed in the lower left corner of the form. Do not return the form if the individual did not earn wages during the calendar week specified.

WEEKLY WAGE INFORMATION REQUEST - FORM BPC-98

- PURPOSE:** To obtain weekly wage information to be compared with benefit payment records, as a means of detecting benefit overpayments.
- USE:** The information you provide will be used to determine if overpayments have occurred.
- USE BY
EMPLOYER:** The form will identify the claimant by name and social security number, and will show, in calendar format, the period under investigation. The form provides room for information covering up to one full year, but only the weeks for which benefits were paid will be listed. These are the only periods for which you need to respond.

**NOTICE OF FAILURE TO APPLY FOR, OR TO ACCEPT,
SUITABLE WORK - FORM BC-6 **

PURPOSE: To notify the Division of Unemployment Insurance that an employee who filed a claim for unemployment insurance failed to return to work when notified to do so by the employer. Failure to return to work, apply for work, or accept an offer of suitable work may be cause for disqualification.

USE: The information you provide will be used to determine the claimant's eligibility for benefits.

**USE BY
EMPLOYER:** The law places the responsibility on the employer to notify the Division within 48 hours if an employee fails to return to work after being notified to do so.

Failure on the part of a claimant to respond to a recall to work may result in a disqualification for benefits. Such disqualification may result in a reduction of benefit charges to the employer's unemployment experience rating account.

A supply of Form BC-6 can be obtained by contacting the Bureau of Program Services and Standards at (609) 292-2347.

**REQUEST FOR WAGE INFORMATION
ON COMBINED WAGE CLAIM - FORM IB-4.2 WR **

PURPOSE: To obtain wage information from you when a former employee files a claim in another state under the Combined Wage program.

USE: A claimant who worked in more than one state may elect to combine his/her employment and wages under the Combined Wage program. The state responsible for processing the claim (the "paying state") requests wage information from the other state(s) in which the claimant was employed.

This form will be mailed to you for completion only if the base year of the paying state is different from New Jersey's base year or if this agency has no record of having received from you quarterly wage information for the named claimant on a properly completed Form WR-30, "Employer Report of Wages Paid."

**USE BY
EMPLOYER:**

The form will identify the claimant by name and social security account number, will show the mailing date and will specify the period of time for which wage information is needed. You are required by law to complete the form and return it within ten days of the mailing date to the address shown in the lower left corner of the form.

Item 11 requests wage data for the base period of the paying state and should always be completed.

Item 12 refers to the New Jersey base period and should be completed only if requested (will be requested only if there is no record of receiving wage information from you for the named individual).

**NOTICE TO EMPLOYER OF BENEFIT DETERMINATION ON
COMBINED WAGE CLAIM (CWC) - FORM IB-4.3 WR **

- PURPOSE:** To notify the employer of benefits payable to a former employee who has filed a claim for unemployment benefits based on New Jersey wages in combination with wages earned in another state or states under the Combined Wage program.
- USE:** The Division will furnish Form IB-4.3 WR to the employer for each Combined Wage Claim filed against that New Jersey registration number. The form shows the total benefits payable based on all employment with the individual employer.
- The amount of benefits payable and the claimant's eligibility to collect the benefits are determined by the state responsible for processing the claim (the "paying state"). The name and address of the paying state are indicated on the form.
- USE BY
EMPLOYER:** The employer should retain Form IB-4.3 for record keeping purposes. Right of appeal is explained on the form. Inquiries regarding the claimant's eligibility to collect benefits should be directed to the paying state.

IB-43 WR

CLAIM FOR DISABILITY BENEFITS - FORM DS-1

- PURPOSE:**
- To enable the disabled worker to file for temporary disability benefits (Part A).
 - To secure a medical certification from the attending physician to support the claim (Part B).
 - To notify the employer that the worker is claiming temporary disability benefits.
 - To secure the employer wage and separation information needed to determine the claimant's eligibility (Part C).
- NOTE:** The claimant is instructed to have the employer complete Part C (Employer's Statement) of Form DS-1 while he/she waits, but if this cannot be done, to mail it to the Division immediately. This should be done to satisfy the section of the law that requires the claimant to file his/her claim within 30 days of the beginning of the disability.

MEDICAL CERTIFICATION OF CLAIM FOR DISABILITY BENEFITS
PART B - FORM DS-1 

DS-1 PART B

EMPLOYER INFORMATION OF CLAIM FOR DISABILITY BENEFITS
PART C - FORM DS-1 

PART C DS-1

REQUEST FOR EMPLOYER INFORMATION - FORM E-10 

- PURPOSE:** To secure from the employer, wage and separation information previously supplied on the DS-1, but incomplete or in need of further clarification.
- USE:** This information will be used to determine if the claimant is potentially eligible for benefits.
- USE BY
EMPLOYER:** If additional wage and separation information is not provided on a claim for temporary disability benefits, the Division sends the employer Form E-10, which must be completed and returned to the Division within 10 days of the date of mailing.

**DISABILITY CLAIM FILED AND REQUEST FOR
INFORMATION - FORM E-15** 

PURPOSE: To notify the employer that the worker is claiming temporary disability benefits.
To secure from the employer wage and separation information needed to determine the claimant's eligibility.

USE: This information will be used to determine if the claimant is potentially eligible for benefits.

**USE BY
EMPLOYER:** If required wage and separation information is not provided on a claim for temporary disability benefits, the Division sends the employer Form E-15 which must be completed on both sides, signed and returned to the Division within ten days of the date of mailing.

**REVERSE OF DISABILITY CLAIM FILED AND REQUEST FOR
INFORMATION - FORM E-15** 

Reverse of E-15

SECOND REQUEST FOR EMPLOYER INFORMATION - FORM E-20

PURPOSE: To notify you that you have failed to submit information requested by the Division.

USE: This information will be used to determine if the claimant is potentially eligible for benefits.

USE BY

EMPLOYER: If required wage and separation information has not been received in this office for temporary disability benefits in a timely manner, the Division sends the employer Form E-20, which must be completed on both sides, signed and returned to the Division within ten days of the date of mailing. Failure to do so subjects the employer to a penalty assessment of \$20.00

To expedite your response, you may Fax it to (609) 984-4405.

**PENALTY ASSESSMENT FOR DELINQUENCY IN REPORTING
WAGE AND EMPLOYMENT INFORMATION - FORM E-40** 

- PURPOSE:** To notify you that you have failed to submit information requested by the Division of Temporary Disability Insurance, and that you are liable for a penalty.
- USE:** This notice will be mailed to you if you fail to return within 10 days any request for wage and/or separation information, e.g., Forms E-15 and/or E-20. This notice will identify the request form, show the date it was mailed, and identify the claimant.
- USE BY
EMPLOYER:** The assessment becomes payable immediately unless you show, to the satisfaction of the Division, good cause for your failure to respond.
- The Division will determine if your reason constitutes good cause and will notify you accordingly.

REQUEST FOR ADDITIONAL WAGE INFORMATION - FORM E-30 

- PURPOSE:** To obtain from you information necessary to determine the eligibility of one of your employees for temporary disability benefits .
- USE:** The Division of Temporary Disability Insurance, will mail one of these forms to you for completion **ONLY IF** week by week breakdown of wage information is needed to properly determine the benefit entitlement for temporary disability benefits.
- USE BY
EMPLOYER:** This form will identify the claimant by name and social security number, will show the mailing date, and will specify the period of time for which wage information is needed. You are required to complete the form and return it within 10 days of the mailing date to the address shown on the form.

E-30

NOTICE OF ELIGIBLE DETERMINATIONS - STATE PLAN - FORM D-20 

PURPOSE: To inform the chargeable employer of an eligible decision issued on the claimant's application for Temporary Disability Insurance Benefits.

USE BY

EMPLOYER: To notify the employer of the claimant's eligibility and the qualifying conditions which may apply to the decision.

Also, to inform the employer of his/her appeal rights and provide the employer the vehicle for an appeal.

D-20

**REVERSE OF NOTICE OF ELIGIBLE DETERMINATIONS
STATE PLAN - FORM D-20 ➡**

D-20 (Reverse)

NOTICE OF INELIGIBLE DETERMINATIONS - STATE PLAN - FORM D-40 

PURPOSE: To inform the chargeable employer of an ineligible decision issued on the claimant's application for Temporary Disability Insurance Benefits.

USE BY

EMPLOYER: To notify the employer of the claimant's ineligibility and the ineligible conditions which may apply to the decision.

Also, to inform the employer of his/her appeal rights and provide the employer the vehicle for an appeal.

D-40

**REVERSE OF NOTICE OF INELIGIBLE DETERMINATIONS -
STATE PLAN - FORM D-40** 

D-40 (Reverse)

**NOTICE TO EMPLOYER OF STATE PLAN DISABILITY BENEFITS
PAID IN _____ FOR USE IN PREPARING W-2 FORMS - FORM DIS-89T** 

PURPOSE: To notify employers of disability benefits charged against their account during the calendar year.

USE: To enable the employer to complete a W-2 form for use by the claimant in preparing his/her income tax return.

**USE BY
EMPLOYER:** To provide the claimant with the amount of disability benefits which are taxable.

DIS-89T

**REVERSE OF NOTICE TO EMPLOYER OF STATE PLAN DISABILITY BENEFITS
PAID IN _____ FOR USE IN PREPARING W-2 FORMS - FORM DIS-89T** 

DI89TB

NOTES

NOTES

DIRECTORY

Employer Information

Employer Status	(609) 292-2638 FAX: (609) 777-4926	Department of Labor Division of Employer Accounts PO Box 913 Trenton, NJ 08625-0913
Experience Rating	(609) 292-2354 FAX: (609) 633-7813	
Contribution Reporting Federal Certification Employer Refunds Worker Refunds	(609) 292-0083 FAX: (609) 292-8855	Department of Labor Division of Employer Accounts Office Audits PO Box 910 Trenton, NJ 08625-0910
Delinquent NJ-927 Reports Delinquent WR-30 Reports	(609) 633-6400 FAX: (609) 292-1129	Department of Labor Division of Employer Accounts Delinquency Unit PO Box 932 Trenton, NJ 08625-0932
Amended WR-30 Reports	(609) 292-2824 FAX: (609) 292-2151	Department of Labor Division of Employer Accounts PO Box 910 Trenton, NJ 08625-0910
Power of Attorney Penalty Abatement	(609) 984-2239 (609) 777-3031 FAX: (609) 341-2039	Department of Labor Division of Employer Accounts PO Box 379 Trenton, NJ 08625-0379
Assessments	(609) 292-7397	Department of Labor Division of Accounting PO Box 394 Trenton, NJ 08625-0394
Unemployment Benefit Charges	(609) 984-2501	Department of Labor Division of Unemployment Insurance Claims Control Section, 4th Floor PO Box 946 Trenton, NJ 08625-0946

Regional Employer Accounts Offices

Tax Offices

Areas Served

Telephone

Northfield (Atlantic City)
3 Tilton Shopping Center
331 Tilton Road
Northfield, NJ 08225

Atlantic County, Cape May County, and
Cumberland County

(609) 645-6727
FAX: (609) 645-6738

Camden
Parkade Building
519 Federal St., Suite 300
Camden, NJ 08103

Burlington County, Camden County, Gloucester County,
Ocean County, Salem County, Southern Monmouth
County, and adjacent Delaware and Pennsylvania areas.

(856) 614-3764
FAX: (856) 614-3782

Newark
124 Halsey Street - 2nd Fl.
PO Box 226
Newark, NJ 07101-0226

Bergen County, Essex County, Hudson County,
Passaic County, and adjacent New York areas
including Manhattan, Queens, Long Island
the Bronx, and Westchester areas.

(973) 648-4109
FAX: (973) 648-4475

New Brunswick
506 Jersey Avenue
P.O. Box 2672
New Brunswick, NJ
08903-2672

Hunterdon County, Mercer County, Middlesex County,
Northern Monmouth County, Morris County, Somerset
County, Sussex County, Union County, Warren County,
Brooklyn and Staten Island (NY), and adjacent Pennsylvania areas.

(732) 418-3331
FAX: (732) 937-6233

Temporary Disability Insurance Information

General Information
State Plan Benefit Charges
State Plan FAX

(609) 292-7060
(609) 777-2633 or (609) 984-3747
(609) 984-4138 or (609) 984-4542

Telecommunication for the Deaf
NJ Relay Service

Tel.: 1-800-852-7899

TDD: (609) 292-8319

Disability During Unemployment

Tel.: (609) 292-2867

FAX : (609) 292-9209

Private Plan
Plan Approval Unit

Tel.: (609) 292-2720

FAX : (609) 292-2537

Private Plan
Claims Review Unit

Tel.: (609) 292-6135

FAX : (609) 292-2537

Division of Disability Determination Services (DDS)

Determines eligibility for permanent
(12 or more months or resulting in
death) disability benefits

(973) 648-3810

NJ One-Stop Career Centers

Unemployment Insurance Information

<u>Local Offices</u>	<u>Telephone</u>	<u>Local Offices</u>	<u>Telephone</u>
Atlantic City 1433 Bacharach Blvd. Atlantic City, NJ 08401	(609) 441-3323 FAX: (609) 441-3049	Hammonton 44 N. White Horse Pike Suite C Hammonton, NJ 08037-1860	(609) 561-9277 FAX: (609) 561-3242
Bayonne 797 Broadway PO Box 77 Bayonne, NJ 07002-0007	(201) 436-7809 FAX: (201) 858-3488	Interstate - NJ Central PO Box 391 Trenton, NJ 08625-0391	(609) 292-9391 FAX: (609) 777-0259
Bloomfield 57 Park Street Bloomfield, NJ 07003	(973) 748-5092 FAX: (973) 748-2955	Interstate - NJ South 501 Landis Avenue Vineland, NJ 08360-8013	(856) 794-5807 FAX: (856) 794-5785
Bridgeton 40 E. Broad Street. Suite 102 Bridgeton, NJ 08302-2877	(856) 453-3914 FAX: (856) 453-3915	Jersey City 438 Summit Avenue 1st Floor Jersey City, NJ 07306-3176	(201) 795-8718 FAX: (201) 217-7464
Camden 2600 Mt. Ephraim Ave. PO Box 1100 Camden, NJ 08104-1100	(856) 614-3843 FAX: (856) 614-3845	Morristown 164 Speedwell Avenue Morristown, NJ 07962	(973) 361-2343 FAX: (973) 361-9096
Dover 109 Bassett Hwy. Dover, NJ 07801	(973) 361-2343 FAX: (973) 361-9096	Neptune 60 Taylor Avenue Neptune, NJ 07753	(732) 775-1522 FAX: (732) 775-6066
Elizabeth 285 N. Broad St. Elizabeth, NJ 07208-3799	(908) 820-3160 FAX: (908) 820-7880	New Brunswick 506 Jersey Avenue New Brunswick, NJ 08901	(732) 937-6287 FAX: (732) 937-6271
Englewood 40 Bennett Road PO Box 5359 Englewood, NJ 07631-5359	(201) 568-9292 FAX: (201) 568-9461	Newark 990 Broad Street Newark, NJ 07102	(973) 648-3673 FAX: (973) 648-2788
Flemington 1 E Main Street PO Box 905 Flemington, NJ 08822-0905	(908) 782-2885 FAX: (908) 284-1998	Newton Sussex County Mall Route 206 North Newton, NJ 07860	(973) 383-3804 FAX: (973) 383-9969
Hackensack 60 State Street 1st Floor Hackensack, NJ 07601-5427	(201) 996-8860 FAX: (201) 996-8882	Passaic 25 Henry Street Passaic, NJ 07055	(973) 916-2631 FAX: (973) 916-2640
		Paterson 362 Broadway Paterson, NJ 07501	(973) 977-4318 FAX: (973) 977-4329

Unemployment Insurance Information - Continued

<u>Local Offices</u>	<u>Telephone</u>	<u>Local Offices</u>	<u>Telephone</u>
Perth Amboy 347 Maple Street Perth Amboy, NJ 08861	(732) 293-5011 FAX: (732) 293-5007	Toms River 1027 Hooper Avenue Bldg. 6 - 1st Floor Toms River, NJ 08753	(732) 286-5613 FAX: (732) 240-5105
Phillipsburg 75 South Main Street Phillipsburg, NJ 08865	(908) 859-8471 (908) 859-3326 FAX: (908) 859-2261	Trenton 26 Yard Avenue PO Box 954 Trenton, NJ 08625-0954	(609) 292-0633 FAX: (609) 292-0650
Plainfield 525 Madison Avenue Plainfield, NJ 07060	(908) 412-7963 FAX: (908) 412-7955	Vineland 415 Landis Ave. Vineland, NJ 08360	(856) 696-6577 FAX: (856) 696-6575
Salem 164 Salem-Woodstown Rd. Salem, NJ 08079	(856) 935-2662 FAX: (856) 935-2720	Westampton 795 Woodlane Road, 2nd Fl. Westampton, NJ 08060	(609) 518-3958 FAX: (609) 518-3962
Somerville 75 Veterans Mem. Dr. East Suite 100 Somerville, NJ 08876-2946	(908) 704-3345 FAX: (908) 704-3008	Wildwood 3810 New Jersey Ave. Wildwood, NJ 08260	(609) 729-0761 FAX: (609) 729-0852
Thorofare 215 Crown Point Rd. PO Box 159 Thorofare, NJ 08086-0159	(856) 251-6851 FAX: (856) 384-3761		

Reemployment Call Centers - Unemployment Insurance

**Telephone a Reemployment Call Center to file a
new unemployment claim or reopen an existing claim.**

<u>Call Center</u>	<u>Local Offices Served</u>	<u>Telephone No.</u>
Union City	Bayonne, Bloomfield, Englewood, Hackensack, Jersey City, Newark, Passaic, Paterson	(201) 601-4100
Freehold	Dover, Elizabeth, Flemington, Morristown, Neptune, New Brunswick, Newton, Perth Amboy, Phillipsburg, Plainfield, Somerville, Trenton	(732) 761-2020
Vineland	Atlantic City, Bridgeton, Camden, Hammonton, Salem, Thorofare, Toms River, Vineland, Westampton, Wildwood	(856) 507-2340

Regional Offices - Unemployment Insurance

<u>Region</u>	<u>Office</u>	<u>Local Offices Served</u>	<u>Telephone</u>
North	25 Henry Street Passaic, NJ 07055	Bayonne, Bloomfield, Englewood, Hackensack, Jersey City, Newark, Passaic, Paterson	(973) 916-2667 FAX: (973) 916-2658

Regional Offices - Unemployment Insurance - Continued

<u>Region</u>	<u>Office</u>	<u>Local Offices Served</u>	<u>Telephone</u>
Central	26 Yard Avenue- 2nd Floor Room 200 PO Box 954 Trenton, NJ 08625	Dover, Elizabeth, Flemington, Morristown, Neptune, New Brunswick, Newton, Perth Amboy, Phillipsburg, Plainfield, Somerville, Trenton	(609) 292-8879 FAX: (609) 292-8934
South	501 Landis Avenue, 2nd Fl. Vineland, NJ 08360	Atlantic City, Bridgeton, Camden Hammononton, Interstate - NJ South, Salem, Thorofare, Toms River, Vineland, Westampton, Wildwood	(856) 696-6433 FAX: (856) 696-6781

Appeal Tribunal District Offices

<u>District</u>	<u>Office</u>	<u>Local UI Offices Served</u>	<u>Telephone</u>
Upper North	14-16 Howe Avenue Passaic, NJ 07055	Dover, Englewood, Hackensack, Morristown, Newton, Passaic, Paterson	(973) 916-2659 FAX: (973) 916-2664
Lower North	124 Halsey Ave PO Box 226 Newark, NJ 07102	Bayonne, Bloomfield, Elizabeth, Jersey City, Newark	(973) 648-2457 FAX: (973) 623-0603
Central	22 S. Clinton Ave. PO Box 380 Trenton, NJ 08625-0380	Flemington, Interstate - NJ Central, Neptune, New Brunswick, Perth Amboy, Phillipsburg, Plainfield, Sommerville, Trenton, Westampton	(609) 777-1823 FAX: (609) 777-0307
South	44 N. White Horse Pike Suite B Hammononton, NJ 08037	Atlantic City, Bridgeton, Camden, Hammononton, Interstate-NJ South, Salem, Thorofare, Toms River, Vineland, Wildwood	(609) 561-7135 FAX: (609) 567-5869

Regional Unemployment Investigation Offices

<u>Region</u>	<u>Address</u>	<u>Telephone</u>
Upper North	370 Broadway Third Floor - Room 301 Paterson, NJ 07501-2193	(973) 977-4240 FAX: (973) 278-8018
Lower North	990 Broad Street Newark, NJ 07102-2503	(973) 648-4295 FAX: (973) 648-3145
Central	28 Yard Avenue Room 215-216 PO Box 954 Trenton, NJ 08625-0954	(609) 292-3729 FAX: (609) 984-9862
South	44 N.White Horse Pike Suite B Hammononton, NJ 08037-1860	(609) 561-7944 FAX: (609) 561-5056
FRAUD HOTLINE		(609) 777-4304

One-Stop Career Center Information

<u>Local Offices</u>	<u>Telephone</u>	<u>Local Offices</u>	<u>Telephone</u>
Atlantic City 1433 Bacharach Blvd. Atlantic City, NJ 08401-4486	(609) 441-3294 FAX: (609) 441-3369	* Englewood 40 Bennett Road Englewood, NJ 07631-3391	(201) 568-9840 FAX: (201) 568-8093
* Bayonne 797 Broadway Bayonne, NJ 07002-2920	(201) 858-3037 FAX: (201) 858-1851	* Flemington 71 Main Street PO Box 905 Flemington, NJ 08822-1787	(908) 782-2371 FAX: (908) 284-2339
Bloomfield 57 Park Street (2nd fl.) Bloomfield, NJ 07003-2598	(973) 680-5550 FAX: (973) 429-0073	* Fort Dix USATC-Fort Dix Bldg. 5418, Delaware Avenue Fort Dix, NJ 08640-6904	(609) 723-5494 FAX: (609) 723-5485
* Bridgeton 40 E. Broad Street Suite 102 Bridgeton, NJ 08302-2876	(856) 453-3900 FAX: (856) 453-3915	Hackensack 60 State Street, 2nd Fl. Hackensack, NJ 07601-5427	(201) 996-8950 FAX: (201) 996-8884
Camden 2600 Mt. Ephraim Ave. Suite 102 Camden, NJ 08104	(856) 614-3150 FAX: (856) 614-3156	* Hammonton 44 N. White Horse Pike Suite A Hammonton, NJ 08037-1860	(609) 561-8800 FAX: (609) 561-9163
Cherry Hill 1873 Rte. 70 East - Suite 304 Cherry Hill, NJ 08003	(856) 751-8550 FAX: (856) 751-5775	Jersey City 438 Summit Ave., 1st Fl. Jersey City, NJ 07306-3175	(201) 795-8800 FAX: (201) 217-4625
* Dover 107 Bassett Hwy. Dover, NJ 07801-3896	(973) 361-9050 FAX: (973) 361-5846	* Meadowlands 201 Route 17 N., 1st Fl. Rutherford, NJ 07070	(201) 939-5922 FAX: (201) 438-1916
East Orange 50 South Clinton Street Suite 4400 East Orange, NJ 07018	(973) 266-1990 FAX: (973) 266-1808	* Morristown 30 Schuyler Place, 2nd Fl. Morristown, NJ 07962-3834	(973) 631-6321 FAX: (973) 631-6324
* Elizabeth 208 Commerce Place Elizabeth, NJ 07201-2306	(908) 820-3181 FAX: (908) 820-3965	Neptune 60 Taylor Avenue Neptune, NJ 07753-4844	(732) 775-1566 FAX: (732) 775-6125
* Satellite Office - Limited Services		New Brunswick 506 Jersey Avenue New Brunswick, NJ 08901-1392	(732) 937-6200 FAX: (732) 418-3345

One-Stop Career Center Information - Continued

<u>Local Offices</u>	<u>Telephone</u>	<u>Local Offices</u>	<u>Telephone</u>
Newark 1004 Broad Street Newark, NJ 07102	(973) 648-3370 FAX: (973) 648-4489	Somerville 75 Veterans Mem.Dr. East Suite 102 Somerville, NJ 08876-2950	(908) 704-3001 FAX: (908) 704-3087
Newton Sussex County Mall Route 206 North Newton, NJ 07860-1818	(973) 383-2775 FAX: (973) 383-8350	Thorofare 215 Crown Point Road Thorofare, NJ 08086	(856) 384-3700 FAX: (856) 384-3779
Passaic 14-16 Howe Avenue Passaic, NJ 07055-4007	(973) 916-2643 FAX: (973) 458-6899	Toms River 1027 Hooper Avenue Bldg. 6 - 2nd Floor Toms River, NJ 08753-8392	(732) 286-5616 FAX: (732) 341-4959
Paterson 370 Broadway (2nd fl.) Paterson, NJ 07501-2192	(973) 977-4350 FAX: (973) 523-0780	Trenton 28 Yard Avenue Room 209 PO Box 954 Trenton, NJ 08625-0954	(609) 292-0620 FAX: (609) 292-6618
Perth Amboy 339 Maple Street (2nd fl.) Perth Amboy, NJ 08861-4193	(732) 293-5016 FAX: (732) 293-5020	Vineland 415 Landis Avenue 1st Floor Vineland, NJ 08360-8067	(856) 696-6600 FAX: (856) 696-6572
Phillipsburg 75 South Main Street Phillipsburg, NJ 08865-0410	(908) 859-0400 FAX: (908) 859-4193	Westampton 795 Woodlane Road PO Box 6100 Westampton, NJ 08060-6100	(609) 518-3900 FAX: (609) 518-3905
Plainfield 525 Madison Avenue Plainfield, NJ 07060-1595	(908) 412-7980 FAX: (908) 412-7751	Wildwood 3810 New Jersey Avenue Wildwood, NJ 08260-0210	(609) 729-0997 FAX: (609) 729-8455
Salem 164 Salem-Woodstown Rd. Salem, NJ 08079	(856) 935-7007 FAX: (856) 935-4048		

*Satellite Office - Limited Services

WORKFORCE INVESTMENT BOARD (WIB) LOCAL AREAS
ADMINISTRATIVE ENTITIES

ATLANTIC/CAPE MAY COUNTIES

Atlantic/Cape May Career Centers, Inc.
750 West Delilah Road
Pleasantville, NJ 08232
(609) 485-0052

BERGEN COUNTY

Bergen Workforce Center
540 Hudson Street
Hackensack, NJ 07601
(201) 329-9600 - Ext. 5501

BURLINGTON COUNTY

Burlington County Human Services Facility
Woodlane and Route 541
Mount Holly, NJ 08060
(609) 261-0221 - Ext. 223

CAMDEN COUNTY

Camden County Family Development &
Job Training Resource Center
315 South White Horse Pike
Magnolia, NJ 08049
(856) 566-7200

CUMBERLAND/SALEM COUNTIES

Cumberland/Salem Job Training Consortium
P.O. Box 1398
220 North Laurel Street
Bridgeton, NJ 08302
(856) 451-8920

ESSEX COUNTY

Essex County
Division of Employment & Training
50 South Clinton Street
Suite 3100
East Orange, NJ 07018
(973) 395-8600

GLOUCESTER COUNTY

Division of Employment & Training
PO Box 337
Route 45 & Budd Boulevard
Woodbury, NJ 08096
(856) 384-6970

GREATER RARITAN

Greater Raritan WIB
Raritan Valley Community College
Room L208
PO Box 3300
Somerville, NJ 08876
(908) 526-1200 - Ext. 8821

HUDSON COUNTY

Hudson County Schools of Technology
Career Development Center
4800 Broadway - 2nd Floor
Union City, NJ 07087
(201) 271-4500

JERSEY CITY WIB

Jersey City
Employment and Training
121-125 Newark Avenue
Jersey City, NJ 07302
(201) 271-4500

MERCER COUNTY

County of Mercer
Office of Employment & Training Services
640 South Broad Street
Trenton, NJ 08650
(609) 989-6824

MIDDLESEX COUNTY

County of Middlesex
Employment & Training Department
506 Jersey Avenue
New Brunswick, NJ 08901
(732) 745-3920

MONMOUTH COUNTY

County of Monmouth
Division of Employment and Training
170 Monmouth Street
Red Bank, NJ 07701
(732) 747-2282 - Ext. 24

MORRIS/SUSSEX/WARREN COUNTIES

Morris, Sussex & Warren
Office of Workforce Development
30 Schuyler Place - 3rd Floor
P.O. Box 900
Morristown, NJ 07963-0900
(973) 285-6880

NEWARK

City of Newark
Mayor's Office of Employment & Training
28-34 Lock Street
Newark, NJ 07103
(732) 240-5995 Ext. 225

OCEAN COUNTY

Ocean County
Private Industry Council
1959 Route 9
Toms River, NJ 08755
(732) 240-5995 Ext. 225

PASSAIC COUNTY

Passaic County
Workforce Development Center
388 Lakeview Avenue
Clifton NJ 07011
(973) 340-3400 - Ext. 235

UNION COUNTY

Union County
Division of Employment & Training
Department of Human Services
Administration Building
4th Floor
Elizabeth, NJ 07207
(908) 527-4812

Division of Public Safety and Occupational Safety and Health

Office of the Director
(609) 292-3923

Office of Public Employees Occupational Safety and Health

Mines and Retail Gasoline Dispensing,
Explosives, and High Voltage (609) 292-2096

Public Employees Safety

Safety Consultants (609) 292-7036

OSHA Consultation Service

Health Consultants (609) 984-0785
Safety Consultants (609) 292-0104

Division of Wage and Hour Compliance

General Information (609) 292-2337

Agricultural Compliance (609) 292-2341
Apparel Registration (609) 984-3008
Contractor Registration (609) 292-9464
General Enforcement (609) 292-2306
Child Labor (609) 292-8228
Public Contracts (609) 292-2259
Review and Assessment (609) 633-6295
Wage Collection Section (609) 292-3658

Labor Market Information Field Analysts

Office Location:

Labor Building
5th Floor, PO Box 057
Trenton, NJ 08625-0057

Atlantic & Cape May Counties:

Chester E. Sherman
(609) 292-7281

Burlington, Camden, Gloucester & Salem Counties:

Paul Bieksza
(609) 292-2242

Cumberland County:

Bridget Brinson
(609) 292-0450

Mercer County:

Jo Anne Arasin
(609) 633-0553

Monmouth & Ocean Counties:

Michael Dugan
(609) 633-6425

Office Location:

Division of Labor Market & Demographic Research
124 Halsey Street, 4th Floor, P.O. Box 226
Newark, NJ 07102-0226

Bergen County
Rashmikan Shah
(973) 648-2492

Essex, Morris, Sussex, & Union Counties:

Janice Harris
(973) 648-3188

Hudson County:
Chester Chinsky
(973) 877-1430

**Hunterdon, Middlesex & Somerset
Counties**

James McGarry
(973) 648-3866

Passaic County:

Antoinette Blackston
(984) 648-3190

Warren County:

Patricia McKendrick
(973) 648-4869

Prevailing Wage Analysts

Office Location:

Labor Building
5th Floor, PO Box 383
Trenton, NJ 08625-0383

Walter Burke
(609) 777-3635

James Dougherty
(609) 292-2661

Office of Labor Research and Analysis

Census Data (NJ State Data Center)	(609) 984-7349s
NJ Career Information Delivery System (CIDS)	(609) 292-2626
NJ Occupational Information Coordinating Committee	(609) 292-2682
Occupational Information Hotline	(800) 222-1309
Labor Research & Analysis Publications	(609) 633-6434
Other Research-Related Information	(609) 292-2643

Workers' Compensation

PO Box 381
Labor Building, 6th Floor
Trenton, NJ 08625-0381
Tel: (609) 292-2414
FAX: (609) 984-2515

Special Compensation Funds (609) 292-0165

Workers' Compensation (609) 292-8802

Division of Business Services

PO Box 933
Labor Building, 10th Floor
Trenton, NJ 08625-0933

Customized Training (609) 292-2239
Occupational Safety and Health (609) 984-3534

OTHER FREQUENTLY CALLED DEPARTMENT OF LABOR NUMBERS

Affirmative Action	(609) 292-2910
Alien Labor, General Information	(609) 292-2900
Americans with Disabilities Act (ADA)	(609) 292-5987 - TTY (609) 292-2919
Board of Review	(609) 292-2600
Equal Opportunity	(609) 292-7022
Fraud, Unemployment Insurance	(609) 777-4304
Fraud, Temporary Disability Insurance	(609) 984-4540
Individual Training Grants	(609) 292-7162
Media Relations	(609) 292-7832
Vocational Rehabilitation Services	(609) 292-5987
Work Opportunities Tax Credit (WOTC)	(609) 292-8112

ON THE INTERNET

This handbook (text only) and certain forms can be accessed from the Workforce New Jersey Public Information Network (WNJPIN) home page at wnjpin.net. Click on "unemployment insurance - benefits for the unemployed."



CONTINUED FROM INSIDE FRONT COVER

If you have questions on:

Unemployment Benefit Charges
(Form B-187Q).

Labor Disputes

General unemployment insurance information or further assistance.
(This office may refer you to the proper office to handle your specific problem.)

General disability insurance information or further assistance. (This office may refer you to the proper office to handle your specific problem).

Information on approval or termination of Private Plan Disability Insurance coverage.

Workforce Investment Act programs or other employment training assistance. (This office may refer you to the proper office to handle your specific training needs.)

Required notice of impending layoffs or plant closings as mandated under the WARN legislation.

Write or call: Department of Labor

Division of Unemployment Insurance
Claims Control Section
PO Box 946
Trenton, New Jersey 08625-0946
(609) 292-3803

Division of Unemployment Insurance
Labor Dispute Investigation
PO Box 058
Trenton, New Jersey 08625-0058
(609) 984-7488

Division of Unemployment Insurance
Office of the Director, Technical Support Unit
PO Box 058
Trenton, New Jersey 08625-0058
(609) 292-7162

Division of Temporary Disability Insurance
State Plan Operations
PO Box 387
Trenton, New Jersey 08625-0387
(609) 292-7060

Division of Temporary Disability Insurance
Private Plan Operations
PO Box 957
Trenton, New Jersey 08625-0957
(609) 292-2720

Division of Employment and Training
PO Box 055
Trenton, New Jersey 08625-0055
(609) 292-5005

Response Team, Dislocated Worker Unit
PO Box 933
Trenton, New Jersey 08625-0933
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Questions or Comments About This Handbook?

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